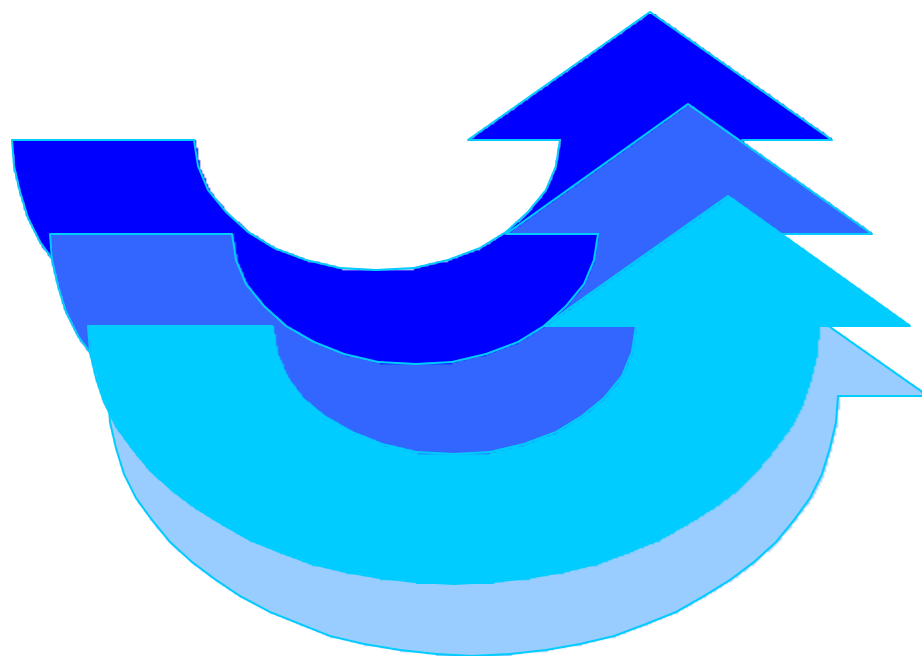


PRIME's Reproductive Health Performance Improvement



Source Document

Version 2.0

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Acronyms

CA	Cooperating Agency
CPI	Client Provider Interaction
FP	Family Planning
FP/RH	Family Planning/Reproductive Health
FPLM	Family Planning Logistics Management
GPA	Getting Project Agreement
ISM	Indigenous Systems of Medicine
MAQ	Maximizing Access and Quality
NGO	Non-Governmental Organization
OC	Oral Contraceptives
OJT	On-the-Job Training
PCS	Population Communication Services
PI	Performance Improvement
PIA	Performance Improvement Approach
PNA	Performance Needs Assessment
PSIT	Performance Systems Instructional Technology
QRP	Quarterly Progress Report
RH	Reproductive Health
TRG	Training Resources Group
USAID	United States Agency for International Development

Introduction

Performance Improvement (PI) is a step-by-step method for analyzing performance problems, or setting up a system to ensure good performance. It is best applied to a targeted class of workers. This document focuses on primary care family planning/reproductive health (FP/RH) providers.

In developing PRIME's Performance Improvement Approach (PIA), INTRAH and Training Resources Group (TRG) worked together to blend the technical specialties and experience of each organization with successful approaches tested and documented by practitioners in the field of Performance Technology. The PRIME PIA was initiated in early 1997 with practice guidelines and tools in this document developed and field tested in Burkina Faso, the Dominican Republic, Kenya, and India as well as other countries throughout 1998 and 1999.

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About This Document

PIA Source Document Overview

This *PIA Source Document* is the most detailed written presentation of PRIME's Performance Improvement Approach (PIA). It consists of 5 chapters, each chapter describing 1 stage of the Performance Improvement process:

- Getting Project Agreement
- Performance Needs Assessment
- Design of Interventions
- Implementaion
- Evaluation

For each stage, the *PIA Source Document* presents

- An overview
- Expected outcomes of the stage
- Steps to follow
- Detailed explanation (which includes examples relevant to AID, PRIME and other CAs in the FP/RH area)

Intended Audience

The *PIA Source Document* is for anyone who wants to understand PRIME's Performance Improvement Approach at a detailed level. This document will be part of the learning experience for anyone who wants to use performance improvement methods. This includes managers, officers, leaders, trainers, or project team members.

Recommended Use

1. Read the *Overview* of every stage, to get a feel for the flow of a typical PI activity
2. Stage-by-stage, read the *Expected Outcomes* and *Steps*
3. Where you need more explanation or want a deeper understanding of the process, read the *Detailed Explanation*

Other PRIME PIA Publications

The following additional PRIME PIA documents are forthcoming:

- PRIME PIA PRIME Series
- PRIME PIA Toolkit
- PRIME PIA *Perspectives* on PIA pilot projects in the Dominican Republic, Burkina-Faso, and India
- PRIME PIA classroom materials for use in an in-depth training experience for prospective PI practitioners

Overview of Performance Improvement

Performance refers to the tasks people perform and the results thereof.

There are a number of methods that people use to increase the quality of performance of an individual, a team, or an organization. In the final analysis, we are all in the business of improving performance. Organizational development, industrial engineering, training and development, quality assurance, and human resources development—to name only a few—all pay attention to performance in particular ways. The difference between these approaches and Performance Improvement is the systematic approach used to find the root cause of the performance problem, and then implement an intervention (a “fix”) that applies only to the real problems. Perhaps too often, practitioners apply a specific intervention, such as training, without stopping to find out the true problems. Just as often, professionals with a high level of expertise in an intervention area have found that every problem is an opportunity to ply their trade. As Abraham Maslow said, “if the only tool you have is a hammer, every problem starts to look like a nail.”

Seen in this light, it becomes clear that PRIME’s Performance Improvement Approach is not a new intervention. It does not compete with successful interventions or programs such as MAQ, Quality Assurance, Situation Analysis, COPE, or Whole Site Training, which are already in place. Rather, PIA is a systematic *methodology* for approving access and quality. The PIA is a how-to set of tools to reach these access and quality goals, not a new set of goals.

The PIA is sustainable and helps build the capacity of client organizations. Too often training interventions have not yielded the results of improved capacity to provide quality FP/RH services and, when improvements have been made, they have not been sustained over time. Because public and private sector staff actively participate in every step, capacity increases are larger and will be sustained over time by organizations that nurture the good performance of all within the organization.

Factors that Affect Performance

In short, people need the following conditions to perform well:

1. Information, in the form of clear job expectations, and clear and immediate performance feedback
2. Environment, including adequate and proper tools, supplies, and workspace (things you can see and touch)
3. Incentives and motivation to perform up to expectations
4. Organizational support in terms of strategic direction, leadership and management, communication, organizational structure, and well thought out job roles and responsibilities (organizational systems and agreements that help us complete the right tasks well)
5. Skills and knowledge required to do the job

When a problem is identified in terms of the performance factors, a solution, or intervention, usually becomes clear. For example, if workers lack information about what is expected of them, an obvious intervention is... written policies or job descriptions or verbal directions.

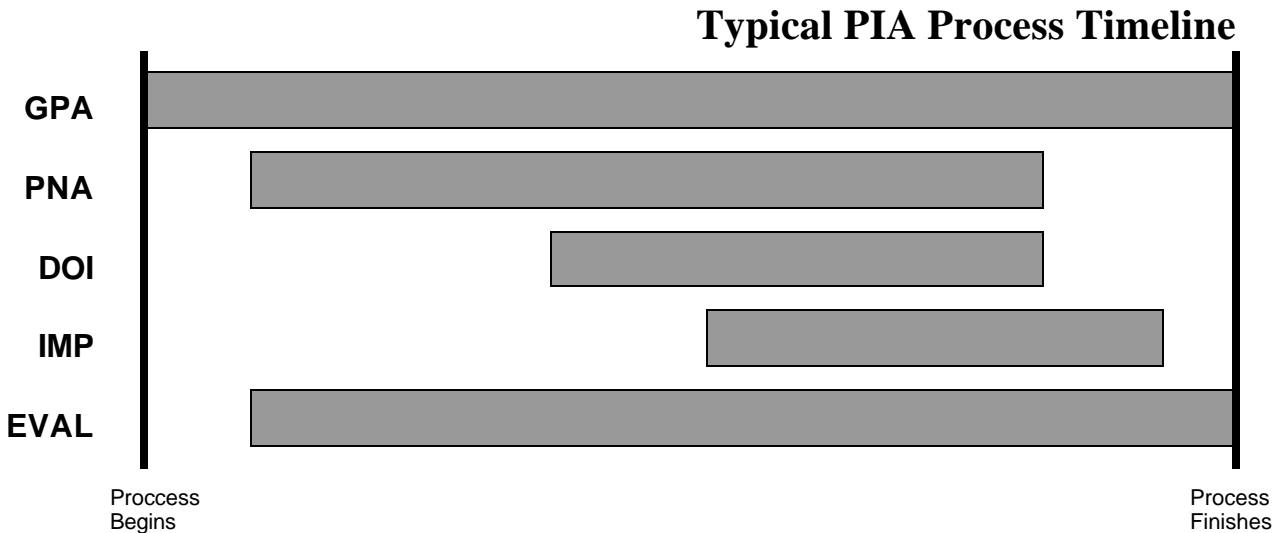
The PI practitioner or leader considers the entire human performance system. Rather than focusing on the provider in a vacuum, the PI practitioner focuses on the desired performance and improved organizational result. The approach is not attached to any particular type of intervention to achieve the desired result. Often, the PI practitioner will not have expertise in a needed intervention, but will call on other professionals with that expertise, for example, calling on instructional design experts if training is needed.

The 5-Step Process

A typical PI application usually includes all of the following 5 stages of the PIA, that are carried out in a somewhat linear fashion:

1. Getting Project Agreement
2. Performance Needs Assessment
3. Design of Interventions
4. Implementation
5. Evaluation

The flow of the entire process is illustrated in the graphic below, and described very briefly below the graphic.



Getting Project Agreement (GPA)

During the GPA stage, a client generally initiates action by asking for assistance with problem(s) or performance situation(s). The Performance Improvement Leader, the client(s), and the stakeholders meet to come to agreement about the desired outcomes of the activity.

This group also addresses some or all of the following issues:

- The collaborative nature of the PI process (i.e., the PI process is transparent, appropriately participatory and aimed at sustainability)
- Who the clients and other stakeholders are
- The composition of the PI team
- The steps that will be taken during the Performance Needs Assessment
- Any known impediments to proceeding with the activity
- Perhaps most importantly, how the activity and its objectives fit with the organization and its larger goals

The process is as important as the product because this stage sets the tone for a collaborative working relationship that will continue throughout the project. As the project progresses, there will be a need to constantly check on common understanding, expectations, and project agreement.

Performance Needs Assessment (PNA)

During the PNA stage, the PI team of professionals carrying out the assessment

- Defines the desired performance, in objective terms
- Describes the current level of performance, in the same terms
- Defines the performance gap represented by the difference between the 2
- Prioritizes the performance gaps, to work on the most important first
- Completes a careful root-cause analysis to determine what is causing the performance gap
- For each cause, begins mapping possible interventions, with a focus on those that are most sustainable and cost-efficient

Note: For new performance (e.g., a new job that has never been done before), some of these PNA steps would be eliminated, as the focus would be on setting up an enabling system rather than solving an existing problem.

Design of Interventions

During the Design of Interventions stage, the team decides which performance needs are worth addressing, and in which order. For example, some interventions may be costly, and at the same time offer only modest performance improvement. During this stage, experts in each possible intervention will be consulted and will begin playing a major role in the design and development of the interventions selected.

Implementation

During the Implementation stage, the PI Leader recruits additional expertise for the PI team, assures organizational readiness, applies the interventions, and helps enable and monitor organizational change.

Evaluation

During the Evaluation stage, the team measures the change in the performance gap identified during the PNA stage. Focus on the performance gaps is a recurring thread throughout the process. Evaluation is facilitated by the data-based aspect of PI. Where possible, the team develops and uses an evaluation method that can be integrated into workplace processes and remain in the workplace as a feedback device for workers and managers.

PRIME's Performance Improvement Approach
Source Document
Stage 1—
Getting Project Agreement

Stage 1—Getting Project Agreement

Purpose

The purpose of the Getting Project Agreement (GPA) stage of PRIME's PIA is to engage all relevant parties in a transparent and participatory process that results in agreements about:

- The PI approach in general
- The project purpose
- The expected outcomes
- Next steps for Stage 2, the Performance Needs Assessment

It is not the purpose of the GPA stage to design or get agreements about interventions or solutions to problems, since these will emerge from the Stage 2 Performance Needs Assessment (PNA) process.

Output

The output of Stage 1 is a project agreement letter that is signed by the key client decision-maker(s). (A blank form and template as well as an example of a project agreement letter appear in the Stage 1 Toolkit.) There are 4 very important elements in the output of this initial stage:

- Agreement about primary client and key stakeholders
- Alignment with strategic objectives and priorities of the client
- Agreement about the key issues that the PI project is to address
- Agreement about what needs to be done during the PNA

Steps

Step 1: Recognize the opportunity to apply PIA

- **Goal:** To engage the other person(s) within a client system in a dialog about a performance issue that needs attention
- **Output:** A scheduled meeting with a key decision-maker to discuss the performance issue

Through regular contact with colleagues in several organizations you may become aware of the opportunity to apply the PI methodology. This awareness could come from a request from someone within your organization or another organization, someone you help from time to time, or just from your own observations.

Often, the opportunity to complete a PI investigation comes in the form of a request for training. While we know that training is sometimes the correct response to a performance problem, it is important to wait with your analysis questions until you

have engaged the other person. In other words, when they say “we need a 3 day class on X” restrain yourself and do not say “Well, hold on there! Training probably is not the right answer.” Such a response might send a person (whom you could have helped) looking for a training class elsewhere. When asked for help of this kind, always reply positively, and then get agreement to investigate more. Say “Sure, we can help with that! Can we talk about it some more?”

Other opportunities for a PI investigation are:

- A new job is being created
- A group has been trained, and the workers still are not doing as well as someone thinks they should
- A nagging “employee issue” keeps coming back to haunt the organization
- Performance is inconsistent; some people are doing great, while others are struggling
- Any time performance is not what it should or could be

In any case, arrange a meeting at which you can gather more information.

**“...sure, we can help with that!
Can we talk about it some more?”**

Step 2: Gather preliminary project information

- **Goal:** Collect all the preliminary information needed to facilitate the in-depth data gathering
- **Output:** A completed *Project Setup Form*

In Step 2 of the GPA stage you meet with the key decision-maker(s) to gather preliminary information you need to get started. Remember that you may need to approach the meeting with the public goal of “making sure we have all the elements we need to make your training successful.” Also find out about sources of printed information such as previous research, trip reports, or attempts to improve performance, and be sure to review those before conducting interviews (Step 3).

Step 3: Conduct interviews with stakeholders

- **Goal:** Gather key information from available stakeholders about the performance issue that will make up your project
- **Output:** Completed *Data Gathering Forms*

In Step 3 of the GPA stages you investigate by talking to all the relevant stakeholders to gather their opinions. Your goal is to find out the major job accomplishments desired by the organization, and if you are diagnosing a performance problem (as opposed to a new job), what is preventing them from happening. If your key decision-maker has all the answers, this step may take only 1 meeting. However, it is best to talk to as many people as possible who are familiar with the organization. Ask the key decision-makers and others you have meetings with, whom else you should consult. You can talk to them one-on-one, in focus groups, meetings, whatever suits your style and the organization.

Step 4: Review your findings with the key decision-maker(s), prepare for project agreement meeting

- **Goal:** Get agreement with the key decision-maker about the agenda for the project agreement meeting
- **Output 1:** Notes that will allow you to produce an agenda for the project agreement meeting
- **Output 2:** An agenda and handout for the project agreement meeting (A sample of the agenda and a sample handout both appear in the *Stage 1 Tool Kit*)

In Step 4, review your findings with the key decision-maker. Not surprisingly, the interviewees you talked with in Step 3 might disagree on some points. Discuss the disagreements you found with the key decision-maker. The goal will be to reach consensus in this meeting on the disagreement points. At the project agreement meeting, when all the stakeholders are gathered together, the goal will be to reach consensus on the project. Finally, decide whether you or the key decision-maker will facilitate the meeting.

Summarize your findings in a handout for use at the Project Agreement Meeting. (A sample handout appears in the Stage 1 Toolkit.) The handout should contain the same headings as the *Project Agreement Letter* described below.

Step 5: Conduct the project agreement meeting(s)

- **Goal:** Consensus on the main points of the project
- **Output:** To be captured in the project agreement letter

In Step 5, conduct the project agreement meeting, leading the group through a discussion of the findings from the interviews, which should appear in list form on your handout. (A sample *Project Agreement Meeting Agenda* appears in the Stage 1 Toolkit.)

Step 6: Prepare the project agreement letter and facilitate necessary approvals

- **Goal:** Gain written agreement with the key decision-maker about all the important points of the project, including the next steps to take in Stage 2, Performance Needs Assessment
- **Output:** Signed project agreement letter

In Step 6, summarize the findings and consensus you reached in the project agreement meeting. Write up your findings in the project agreement letter. Meet with the key decision-maker(s) and review the letter. If necessary, make refinements in the letter.

When you have a signed project agreement letter, you are ready to begin Stage 2.

Detailed Explanation

At its simplest, the GPA stage may involve a Performance Improvement (PI) leader and a primary client, and perhaps 1 person from a donor organization. In this instance, the GPA stage may take only a few meetings, and a day of total time to complete. On the other hand, a PI project may involve a PI team, a primary client, key players at multiple levels within the client system, a secondary client, stakeholders outside the client system, and several donors. In this instance, the GPA stage could take many separate meetings and analyses, culminating in what we call a GPA meeting. This process could take a total of 5 days or more, spread over several weeks. The tools, tips, and examples given in this toolkit assume a more complicated PI situation, since we reasoned that if a user can figure out and undertake the more complex challenge, they can then do the simple one more easily.

It cannot be stressed strongly enough that we view the GPA stage as A process that should span all the stages of PIA. Initially we will reach agreement at one level of generality with people in leadership positions in the capital city or regional center, and then these agreements may change or be refined as a result of field data gathered during the PNA. Also, a change in leadership in the client organization may require revisiting the earliest issues of the GPA stage. Part of the role of the PI leader is to make sure that sufficient agreement has been reached about each step in the process to move ahead, and yet stay attuned to new data that might indicate that it is time to revisit and remake agreements. It is even possible that during stage 4, in the middle of certain interventions, new project agreements will need to be made based on emerging field realities. Since PI makes monitoring an active part of the process, it will be quite legitimate to enrich the process as it unfolds. During the GPA stage we are getting 1 level of project agreement, but this is likely to be refined as a result of the PNA.

Steps

Step 1 Details: Recognize the opportunity to apply PIA

In many cases, the original request for PRIME assistance will involve some dissatisfaction with performance at the primary provider level (by provider performance, we mean the general performance of primary RH care providers in the country or a particular geographic or institutional area). Other times, a new role or job will be added, and your client will want to make sure that they build an enabling environment for top-level performance. Often clients will describe the performance issue as a need for “training” to improve the situation, especially if they come from a training background, or are in the habit of solving every problem with training. During this phase of the discussion, it is likely that the technical expertise of the PI leaders will come into play. In many instances, clients know they want a change in organizational and provider performance but are unable to describe it with any degree of depth or precision. The PI leader can gently lead clients to be as specific and clear as possible. Sometimes it helps to ask clients to consider exemplary performers (exemplars), and ask them to describe what it is that makes these particular exemplars so effective.

The GPA stage typically consists of a series of meetings with various client authorities and stakeholders. It may begin with an initial written request or fax or telephone contact, and proceed through face-to-face meetings. In some instances, the actual GPA stage may be the culmination of informal discussions between a PRIME field staff person that have taken place

over a number of months. At a certain point, the client may invite the staff person to conduct more formal discussions to determine what kind of assistance might best help certain problems or issues. In this case, the staff person would begin to move into the PI leader role. This longer term relationship can prove invaluable in helping to fully understand the client system and the context within which the client must operate.

PRIME's mandate and the ultimate goal of the PIA is to improve performance and results at the primary FP/RH provider level. However, given PRIME's long and solid history of providing training support, the starting point of the GPA stage will many times be a request for training assistance related to a specific issue or perceived performance problem (e.g., a particular health authority may wish to expand the capabilities of their providers by adding postabortion care services or there may be dissatisfaction with rising discontinuation rates). In certain regions or countries, the initial request may be combined with requests for other activities. For example, a training institute that wishes to add new courses may also want to ensure there is adequate demand for those new courses in an increasingly competitive environment. They may also want to improve service delivery performance so primary providers and donors will see them as a center of excellence.

The primary client may be a Ministry official or group, a non-governmental organization (NGO) or a primary provider in-service training institute. Stakeholders may include donors or international or national NGOs or local community groups. Joint and separate meetings with USAID, other donors, or appropriate private sector entities may also contribute to getting agreement about key project direction and startup activities.

These meetings typically are clustered together over a period of 1 to 5 days. What the PI leader learns during initial meetings may be used in subsequent meetings to delve deeper into performance issues and to bring into focus areas of fundamental agreement and disagreement about the performance issue. Some or all of the clients and stakeholders may have already decided that the solution is training. To help the PI leader move the discussion from the more narrow training field into PI, we list several questions and some suggestions in the next section to gather information during these initial meetings. These questions may be asked in a single meeting, or they may continue over several meetings. This process could begin with the initial telephone call, if this is the form that the first contact takes.

Step 2 Details: Gather preliminary project information

What follows are 2 questions that can be used in initial meetings with clients (by client in this context we mean the main FP/RH organization with whom we are working, not an individual service “receiver”) and stakeholders.

- Which group of providers are we talking about? (Some initial demographic information is always helpful)
- In order to understand more fully the context within which (this group) works, it would help if you shared the mission and goal(s) of (this particular section of the Ministry). How does their (the target provider population's) performance impact on this section's or unit's goals? How would improved provider performance help you reach your goals? (Even if the client is unable to articulate goals or desired performance clearly, these kinds of questions and responses will help expand the conversation and move it toward performance issues)

Step 3 Details: Conduct interviews with stakeholders

As part of these very important GPA discussions with clients and stakeholders, the PI leader can probe for and try to clarify *initial* performance indicators. Remember that the PI team will develop detailed and exact descriptions of the desired and actual performance during Stage 2. During Stage 1, the goal is to gain general agreement on the problem or new performance. The central questions to be discussed around indicators are as follows:

- What would it look like if the organization (e.g., a particular set of clinics, or local NGOs providing RH services) were performing as the client would like it to perform? That is, if successful, what results would we see? What would we hear as we listened to people talk about the improved performance?
- What about ideal provider performance—what would that be like? What would be some indicators of successful performance? Are there country-wide performance standards? How are they currently being used? If the organization is in a process of decentralization, how has this affected the use of standards?

It is important to help clients be as specific and clear as possible as they identify and ultimately agree on indicators of success since these will form the basis for subsequent data gathering, design, implementation and evaluation activities. Recall that the GPA stage is only an *initial* attempt at identifying indicators of success from the perspective of client and stakeholder decision-makers. The data gathered in Stage 2 (the Performance Needs Assessment) will include further examination and discussion leading to refinement of, and a more exact description of, these indicators.

Moving from training to performance issues

In many instances, you may be called in to provide assistance with training. Here are some questions that will help move the conversation more towards performance:

- Why do you want to train these providers? What performance problem are you trying to fix by training?
- What would be the results if these performance problems were addressed?
- Is it new performance you want? If so, what are the key accomplishments of the new job or new role?

Looking at ideal or desired performance

- What is it that you want them to do? What would ideal performance look like? That is, what individual and organizational results would you see if work were being performed in an ideal manner?
- In an ideal sense, what would you like the specific performance to be? What results would you like to be achieving? What are some indicators that would show effective performance? (Ask follow-up questions to help the others be as specific and performance-based as

possible)

Looking at present performance

- How well are they doing now?
- How do you [or this NGO or this unit of the Ministry] get this kind of performance data?
- You mentioned they are not doing [blank]...so what are the standards you are currently using to measure performance? How well do people in the field know the standards? How do they find out about them?

Factors affecting desired performance

- Look at the positive side for a moment—what helps providers do their work well?
- What hinders them from doing their job well?

Depending on the answer to these questions, there may be several applicable follow-up questions:

- What other factors might there be that affect their performance? For example, how well does the [organization] support the kind of performance you want to see?
- What about compensation or other issues relating to incentives and motivation?
- Selection and assignment? Logistical support and supplies? Any problem with.... Etc.
- How would training help them achieve the increased performance you would like to see?
- If they knew how to do it, would they?
- Sometimes there are sector factors that affect performance—might this be the case here? Which policy? How might it affect performance?

(As the meetings and conversations progress, the following question may become important):

- [Stakeholder x] has mentioned that they see [issue y] as important in terms of performance. How do you see that same issue? Is this something you agree with? Could live with? Think would be important?

Step 4 Details: Review your findings with the key decision-maker(s), prepare for project agreement meeting

At a certain point in these discussions, having listened carefully to the clients, the PI leader can summarize or make some tentative general suggestions about what improved performance might look like (this situation is especially the case with new performance). These tentative summaries or suggestions will help move the desired provider performance discussions forward at the key decision-maker level. Ultimately, there needs to be sufficient agreement about desired performance so that actual provider performance can be compared to it. The PI leader needs to remain aware that the view of desired performance may change over time as various people from the client system and from other stakeholders think about and address the issue, and eventually hear each other's views.

Step 5 Details: Conduct the project agreement meeting(s)

As the final part of step 4, the key client contact(s) and the PI leader will make plans for the project agreement meeting. The goal of such a meeting is to reach consensus among the client(s) and key stakeholders about the PI approach in this situation. This will include a discussion of the initial understanding of performance problems to be treated, desired performance, and the draft plans to carry out a PNA to identify gaps that will form the foundation for an intervention strategy. As part of the planning process, the client and the PI leader will think carefully about other participants who should attend the meeting, including key stakeholders as well as others from the client organization or related client organizations.

Given the importance of this meeting and the framework that it sets for understanding and collaboration for subsequent stages of the PIA, it is probably better to be inclusive at this stage. This may mean inviting other related provider organizations in the country or region, other CAs that might play a role in the PNA or intervention stage, and other donors that are working in the area. It is not possible to predict the size of such a meeting—in a simple project, it may involve the PI leader, some client representatives, and a representative from the donor organization. Given the size of this group, the meeting may take 2 hours. On the other hand, a larger effort may involve several people from the client organization, several stakeholders and donors and more than 1 PI team member. Such a meeting may take 1/2 day, and will require someone on the PI team to provide serious facilitation skills in order to optimize participation, allow discussion of different viewpoints, and reach consensus on the PIA. Regardless of the size and length of the meeting, it will be one of the challenges of the PI leader and/or the facilitator to keep the discussions focused on performance problems and desired performance as opposed to moving to solutions.

Once the participants in the meeting are clear, the client and PI leader agree on an agenda (see sample *Project Agreement Meeting Agenda* in the Stage 1 Toolkit). The agenda can be used to guide the meeting. It may be helpful to circulate it in advance, although time constraints may preclude this. In any event, meeting participants can make appropriate suggestions about the agenda at the beginning of the meeting. As this meeting is progressing, it is important for the PI leader (or the facilitator if it is not the PI leader) to write down in some public way (a flipchart, a whiteboard, an overhead) the major agreements that are reached *as they occur*. Then, as a way to summarize major agreements, the facilitator can review with the group the major agreements, and state that these will make up the basis for the project agreement letter. It is also helpful to note that this is the first edition of these agreements, and that they are likely to change appropriately as a result of more data and further work during subsequent stages. This will set up the expectation that, in the interests of collaboration and continued transparency, other project agreement mini-meetings may occur to account for new information and discuss changes or additional agreements.

Step 6 Details: Prepare the project agreement letter and facilitate necessary approvals

A draft of the project agreement letter is a concrete outcome of Step 5, and the core of the letter is a summary of the agreements reached during that step (see the *Sample Project Agreement Letter* in the Stage 1 Toolkit). The letter should be short, summarizing any necessary background, and the steps taken to prepare for the Project Agreement Meeting. It should then

summarize the agreements reached, and the next steps, including plans for the PNA. The letter should also include a short summary of the different contributions the client(s), stakeholders and the PI leader/team have agreed to make during the next stage. As mentioned in Step 5, it is important to state desired performance in the letter (if the participants in the meeting reached agreements in this area), and not jump to interventions. The draft letter should be shared with key client(s) and stakeholders and signed. There should also be a final statement that indicates that changes may occur in the agreement as a result of subsequent work in other stages, but that these changes would result from sharing data and further collaborative discussions. This letter then provides the planning foundation for the next stage, as well as a concrete indication of commitments on the part of various players in the process.

The Process is as Important as the Product

The *manner* in which discussions occur and agreements are reached is intended to set a collaborative tone designed to serve as a model for the PI activities that will follow. PI leader must be able to:

- Get the right clients and stakeholders fully involved
- Get key issues discussed transparently
- Reach agreement in reasonably explicit ways

In order to do this effectively, the PI leader must assure adequate involvement by reaching out to appropriate people in the client's system and to other stakeholders. As part of the involvement process, the PI leader must be willing to ask good questions, listen closely to responses, read relevant documents, summarize what key people are saying to understand potentially complex performance systems and issues, and help others make decisions about next steps in a reasonably collaborative and transparent manner. Yet, in terms of sustainability, a successful GPA process, as well as the processes used in other steps, is as important as the products that result from the PI intervention(s).

Also, during the GPA process there are key messages that the PI leader will be communicating during typical meetings:

- The PIA is results oriented, and thus everyone involved in the process should become clear about the desired results at the primary FP/RH provider level (or at other workforce levels that may be the focus of the approach). Clarity about desired results may be difficult to achieve at first, and may in fact emerge during Stage 2 (the PNA)
- The approach identifies gaps between desired and actual performance as precisely as possible, and shows how these gaps are having an impact on results. For example, *desired provider performance* may include effective counseling as an integral part of the services provided to clients. However, providers may not have the physical space and conditions to offer discrete and effective FP/RH counseling to clients. One result of this performance problem is that contraceptive acceptance rates for clients of that clinic are at an unacceptably low level (clearly there may also be other causes of this undesirable result that in turn would emerge from the PI work). The challenge is to then determine what needs to be done to close the performance gap in order to achieve desired results. (Multiple interventions may be required)

- Based on the gaps between desired and actual performance that are uncovered by the PNA, the PI leader, in collaboration with the client, recommends interventions or solutions designed/tailored to best fix these gaps, rather than applying a fixed solution to all problems. If some solutions are not feasible, the PI leader will be able to estimate the impact and limitations of other interventions so that all parties involved have a realistic understanding of potential outcomes of other types of interventions (e.g., in-service training for primary providers may have very little impact on performance if their pay is so low that they leave their clinic every day at noon for other work). A single cost-benefit exercise done with the client may be employed to help the process
- The PI process is collaborative, consultative, and transparent, and engages key clients and stakeholders in contributing and making decisions throughout the process
- PI represents a different mindset—it is a search for the root causes of performance problems rather than pushing a solution in search of a problem

These key messages should be in everyday language that is comfortable for the PI leader and fits the context of the people with whom he or she is communicating. Some of the more formal terms (like “performance improvement” or “root cause”) may never come into the conversation. We recommend starting where the client starts, and working from there into the domain of performance.

Performance improvement is not necessarily a linear process that starts and ends at predictable times. GPA is an interactive and continuing process that begins with the first client contact, and continues, builds and changes through a series of meetings with clients and stakeholders until agreement about important project goals and details has been reached. Certain issues need to be addressed during the process, and these issues may be raised and discussed at different times, and there may be a need to circle back and “revisit” an issue because of additional data or new stakeholders. Conceptually, the GPA continues throughout the life of the project.

For example, initial discussions with Ministry stakeholders may indicate they believe NGOs are largely in agreement with a certain approach to service delivery. However, in discussions with the NGO representatives, the PI leader may discover there is some disagreement or even broad disagreement about methods. These data may then cause the PI leader to revisit this issue (however delicately) with the Ministry stakeholders at a later meeting. It may also become part of the agenda for a consultative planning meeting that includes Ministry and NGO representatives.

PI: Focus on Provider Performance, Health Sector Issues, Organizational Mission and Goals, Organizational Performance

It is important to stress that PRIME’s PI approach focuses mainly on primary FP/RH provider (or worker) performance. It considers other levels (e.g., sectoral issues, and broader organizational concerns) in so far as they affect desired provider performance. The PIA, then, does not ordinarily engage in policy or organizational analysis as a separate activity. However, in pursuing issues that affect primary provider performance, a number of factors may need to be addressed or considered during the GPA stage. We have included these factors below in a list, but we do not wish to imply that the PI leader has to approach things in this order. We assume

that the discussion will generally start with the particular problem, but it could also begin with a discussion of organizational goals and how the performance problems affect these goals.

Health sector factors related to provider performance issues

Health sector factors (e.g., guidelines for quality of service at the primary provider level, licensing rules, personnel policies around compensation and career opportunities, a policy governing the use of certain kinds of contraceptives) may or may not be an explicit part of client and stakeholder discussions at this point. On occasion, the request for services or assistance may emanate from a change at the sector level that is perceived as the source of the problem. In other instances, sector factors may not come into play in initial discussions (although they may re-emerge as a result of data gathered during the Performance Needs Assessment phase). If appropriate, a question that might be used to assess the degree to which sectoral factors might be affecting performance is the following:

“Sometimes there are sectoral factors that affect performance—might this be the case here? Which policy (or lack thereof)? How might it affect performance?”

Client organization mission and goals

Since mission (the essential reason for an organization’s existence, its primary function) and goals (operational aims) form the basis for setting expectations about performance, they need to be discussed as part of the GPA stage. It is important to explore to what extent clients and key stakeholders perceive that the mission and goals affect provider performance (and how well they think providers *understand* these goals). Within the client organization, this discussion will typically involve key leaders who have responsibility for FP/RH related matters. At this point, questions of mission and goals are fairly straightforward and non-sensitive.

Asking these client leaders about mission and goals may not always result in clarity, but even if unclear, a discussion of how the client sees and articulates its own organizational direction will provide data that might later help to explain performance issues. It also provides the foundation for asking about organizational performance. Several questions (meant to be used interactively) that will help the client (and others) provide information about mission and goals are described above.

Organizational performance

When clients are commissioning work to be done, they usually have some performance issues in mind, either at the organizational or provider level or both. After getting reasonably clear about mission and goals, it is natural to ask how well the clients or stakeholders see the organization performing against these goals, or which new goal is to be introduced that will require a change in provider performance (e.g., increasing the number of adolescents who use RH services at the primary care level). In many instances, the line between organizational performance and provider performance may not be entirely clear.

Of course, there are many sources of data about organizational performance, but it is important to understand performance issues from the clients’ and stakeholders’ points of view. During face-to-face meetings, clients may offer written reports or mission statements and plans or

research results that may prove quite useful and interesting. However, it is still important to push as diligently and politely as possible to ascertain the client's or stakeholder's perspectives about performance directly. As an example, a client may respond to a question by saying, "Well, I have a report you can read that will help you there." After accepting the report, the PI leader should follow by asking a question like: "What is it about this report that you find useful, or that you think will speak to this question?"

Building Evaluation in from the Beginning of the PIA

One of the strengths of PRIME's PIA is that it focuses on results. As a consequence, it is both possible and desirable to build in an evaluation framework from the beginning of the PI process and to make it an active tool throughout. During the GPA meetings, the PI leader begins to identify the organizational needs and initial desired results expressed by the client and how the project might contribute to achieving those results. Identifying the needs and desired results remains paramount to designing a PNA and, ultimately, the other stages of the PI project.

- Organizational needs are expressed in terms of operational results and are linked to the goals and objectives of the organization
- Desired provider performance is expressed as an ideal of activity and results that is observable and measurable (e.g., “all providers should provide appropriate counseling in 3 or more of the 5 contraceptive methods available as measured by a skills checklist.”) Desired results are accomplishments caused by improved provider performance—the “*so what*” of PRIME's PIA. For example, a result might be stated as follows: “Client return rates to clinics for follow-up have risen by 60 percent in the 3 months since the interventions have been completed” or “the number of clients that use 1 of the 5 forms of contraception now offered through improved provider-client interaction has risen to 70 percent from 15 percent in the target area)
- Performance problems represent a gap between desired and actual performance (e.g., desired performance is to have all providers counseling clients about the different contraceptive methods we offer; however, actual performance indicates that only 25 percent of providers counsel clients about these methods)

One of the outcomes of a successful GPA stage is a written agreement for a PNA. The PNA will permit the identification of organization and provider performance needs that the project activities will address. If a PI project is successful, evaluation and monitoring activities should provide concrete and measurable evidence that the provider performance needs have been met and desired FP/RH results have been achieved. In fact, PI evaluation specialists can be helpful in 2 other areas: helping to design evaluation methods to assess the effectiveness of certain interventions that may be pilot-tested, and to provide some interim results as the actual interventions proceed after the PNA stage.

Planning the Performance Needs Assessment Phase

At a certain point, after sufficient discussions with key clients and stakeholders, it becomes clear it is time to try to get agreement about the next stage of the project. This discussion happens in what we call a Project Agreement Meeting with the major client or with the primary client and other key stakeholders. There are at least 2 important levels on which this discussion takes place, getting initial agreement about desired provider performance and planning the specific approach to the PNA (Stage 2).

We mentioned previously that initial discussions about mission, goals and performance with different sets of clients are usually straightforward and non-sensitive. However, when we seek specific agreement to move forward to the next major stage of the project, such discussions can

be more sensitive if there is some level of disagreement about key goals and performance issues among clients and stakeholders or within a client system. This generally means that the PI leader needs time to clarify differences and help clients and stakeholders arrive at the best agreement that can be reached at this point in the PI process. However, after making a good effort to achieve a reasonable level of agreement, the PI leader may wish to move forward by describing the ways in which the next stage—the PNA—may help resolve disagreements by providing solid data about a variety of performance issues.

From PRIME's field-testing, it is clear that one way to facilitate these initial discussions of sensitive issues is for the PI leader to consult with his or her best ally in the client organization about potentially sensitive issues before any general internal or external meetings. To do this, the PI leader might raise issues in the following manner:

“We are finding generally that people see [issue x] quite differently than you do here. What do you think would be the reaction if we were to bring that up to [the director]? What is your opinion—should we raise it? How best should we describe it?”

The input from such a conversation can be invaluable in planning whether and how to discuss difficult issues. At best, the PI leader will learn how to articulate certain issues in a reasonably acceptable manner. If the ally has a negative reaction about a certain issue, the PI leader can still raise it, but he or she will have had warning about how people might react. This by itself will be helpful in preparation for meetings within the client system or for the GPA meeting.

Assuming some basic level of agreement about performance goals and issues, the PI leader should describe a potential approach to the PNA stage, and work with the client (or the consultative group) to get input and agreement about the approach. This planning approach should address questions and propose specifics such as the following:

- Where and how will performance data be collected?
- How much time will this take?
- When will the analysis phase take place?
- What kind of suggested questions and data collection methods will be used?
- Will there be any client counterparts joining the team for this activity; if so, how much time will this take, and what role will they play? (This is also a good time to assuage clients' fears that there will be lots of work for them to do, adding to their already overburdened schedules)
- What kind of data does this characteristically produce?
- What is a target date for reporting the results?
- What other consultation meetings might be important as this stage progresses?
- What logistical support do the specialists need as they carry out their work?

As a final step in these discussions, the concrete *PNA deliverables* need to be clearly spelled out. For example, a PNA deliverable may be the data that results from the PNA. In addition, the data may indicate performance gaps and recommended interventions at a general level that would

treat the performance problems. At this point, this is typically made clear through a short written agreement or project agreement spelling out expectations, roles, approach and expected deliverables. (A sample project agreement appears in the Stage 1 Toolkit.)

The Role of the PI leader

The role of the PI leader is an especially key role. We chose the word “leader” with great care and special intentions. We expect these people to be leaders in the process of performance improvement. To carry out this leadership role requires an understanding of PRIME’s PIA. Based on this understanding, PI leaders will need to communicate about the PIA in ways that convince and inspire clients, stakeholders and partners in the process. They will also be required to motivate others to undertake activities that may mean substantive change in the way work happens.

The leadership role may not require extensive time commitments nor is it meant to convey a sense of “micromanagement” or heavy involvement in every activity. Also, as with other terminology used in the PIA, we do not expect you to call yourself a “PI leader” (although it may be appropriate to do so in some situations). Those of you who play the role of the PI leader should use language to describe your role that best fits the situation and your relationship with the stakeholders and clients. It is possible that the PI leader will have a long history with the client organization and the context. This can be positive in reading between the lines and understanding some of the complex, sometimes unspoken ambiguities of the situation. It can also be negative if the PI leader’s views on the situation are too firm and unopen to new possibilities or data.

The 5 functions of the PI leader’s role are to:

- Decide if a request for assistance is appropriate for the PIA approach
- Assist in the process of getting initial PI project agreement
- Mobilize resources, and coordinate and monitor planning and implementation of the next 4 phases of the PIA
- Manage/monitor certain resources
- Communicate persistently and provide PI leadership

These 5 key functions of the PI leader’s role are described below in greater detail:

- **Decide if a request for assistance is appropriate for the PIA approach.** The first responsibility of the PI leader is to analyze requests for assistance and determine if the situation is appropriate to apply PRIME’s PIA. To do this, the PI leader must identify situations where performance problems warrant taking action. Second, the PI leader must determine whether the client’s system is reasonably open to a broad look at the problem, entertain different solutions and remain open to a change process that may carry over into somewhat unexpected areas

- **Assist in the process of getting initial PI project agreement.** Although the PI leader does not need to do many or any of the actual substantive activities involved in PRIME's PIA, we do think it best if the PI leader takes the lead role in the GPA stage of the approach. This is a key step. It establishes the primary leadership relationship with the client and other key stakeholders, explores possibilities, sets some boundaries about this situation, and lays the foundation for the PNA. In addition, it provides the initial understanding at a general level about desired performance and performance gaps. Beyond establishing key relationships and understandings (or improving them if they already exist), the GPA work will allow the PI leader to mobilize resources in subsequent stages with a relatively clear, first hand "picture" of what the PIA is to accomplish in this situation
- **Mobilize resources, coordinate and monitor planning and implementation of the 4 stages of the PIA.** As a result of the PI leader's work in the GPA stage, he or she will mobilize appropriate resources for subsequent stages of the PIA, including resources that might be supplied by other CAs in the field. In addition, there are certain key activities that the PI leader will need to lead or attend in order to keep up with PI process and progress. They will also need to listen to the specialists who are doing the work, and suggest appropriate ongoing changes in collaboration with the client as the work evolves. Examples of these activities include the following: a team planning meeting for the beginning of a particular stage, a key design review for a particular implementation activity, ongoing evaluation updates, progress meetings with the key clients and stakeholders, etc. The total time commitment may not be extensive during the life of the PI process, but it will take a certain level of planning for the PI leader to ensure participation in key substantive activities and coordination meetings. In certain instances, the PI leader may actually do a piece of the work, depending on his or her skills and time availability. For example, a PI leader may have expertise in the area of motivation, and may wish to get involved technically if the PI effort calls for an intervention in that area. Typically, the PI leader will not do the more specific intervention work. Rather, the critical skill required of the PI leader is in determining which skills are needed to implement a particular intervention and when to call in these resources. Once this is arranged, the PI leader also must be able to brief the people providing assistance, either individually or by arranging for a team briefing and planning meeting
- **Manage/monitor certain resources and coordinate others.** The PI leader will also plan, budget, and arrange for resources to design and carry out PRIME-sponsored activities and monitor spending levels against the budget. The PI leader will coordinate inputs provided by other CAs. One of the most important resources to be managed is the PI leader's time (as well as the time of any other PRIME field staff that might be involved in the process). PRIME field staff have many pressures and priorities to address, and the PI work must be seamlessly blended with other responsibilities
- **Communicate persistently and provide PI leadership.** The PI leader must energetically represent the PIA to a number of different clients, stakeholders and to those providing assistance. To do this, the PI leader needs to describe what PI is, why it is important, what the benefits are, and to describe the outcomes of each stage as well as the overall outcome. This leadership contribution is especially important at the beginning of the process, during the first 2 stages. As the PI process moves into the design and implementation stages, the collaborative processes used should begin to result in other people—especially those within

the client system—increasingly taking on PI leadership and communication responsibilities. This leadership role also includes the ability to represent and be articulate about the change process. The PI leader will monitor how the process is going, contribute ideas about the process to the client at strategic times, and brief consultants on their role in the change process. To do this involves briefing them on how their interventions will fit, how they might be received, and how the person(s) providing assistance might do so in such a way as to have the greatest chance of success in an environment of change

Overall, the PI leader role can be challenging, exciting and especially interesting. Except for the process of completing the GPA, it requires keeping track of events as they unfold, and knowing when to get involved and when to let others do their work. The role can also be shared between 2 colleagues as long as they are clear who is doing what during the process.

Helpful PI leader Skills and Capabilities

The PI leader role will require some level of skills and knowledge in the following key areas:

- A solid understanding of the PRIME PIA. This will help the PI leader communicate about it, and decide when it should be used. In addition to a general understanding, the PI leader will need more in-depth understanding of the first 2 stages since the PI leader plays a key role in assisting in these stages
- A clear results focus. This involves the ability to keep focused on the results that could occur as a consequence of a PI project or a particular PI activity. It requires a quiet and diplomatic persistence in helping others focus on results when they may be much more accustomed to discussing inputs or what providers require to do their jobs
- Communication skills—especially the ability to listen and to ask good questions, as well as the ability to talk about the PI process and about change with enthusiasm
- The capacity to be and remain focused on client goals and desired results, and to resist the temptation to force preconceived solutions where they do not fit
- The ability to mobilize resources, coordinate activities, and make certain that necessary PI project management needs are taken into account
- The ability to balance the time needed to play a leadership role in PI activities against the everyday, normal duties and pressures of the PRIME field office role

Lessons Learned in the Field: Getting Project Agreement

In developing the PRIME PIA, we had the opportunity to field-test each of the stages. The field tests were and continue to be extremely valuable, so much so that we intend to highlight some of the particularly important “lessons learned” in each of the 5 stages described in this document.

- PRIME’s Performance Improvement Approach is a very valuable and powerful methodology. However, during the field test period, it became apparent that it is important for users to understand the methodology, and then to internalize and explain it in language that fits who they are and what their situation calls for. In fact, in working with clients or stakeholders, it may not be necessary to call it “performance improvement” or use any of the PI language. What is important is to apply the methodology in a flexible (but rigorous) way that “fits” where your clients are, and helps them get better performance and results
- We intend for PI to be an approach that is simple, practical and works at different levels of complexity. Sometimes, it is easy for users, clients or stakeholders to assume that this is a time consuming and complicated undertaking. In some instances, it may be exactly that. In other instances, it may be simple, involve only a few key players to get it started, and the time and resources needed may be modest. PI can be scaled up or down to address the performance problems appropriately as they are being encountered
- Performance improvement involves performance problems and opportunities. This seems simple enough, but the data produced can result in sensitive or unintended consequences for client managers or sponsors. Our field tests suggest there may be times when the data produced by the PNA can cause managers in the client system to ‘place blame’ for the problems on a manager in the system. Or, more realistically, a senior manager may use the data as a justification to make moves he or she was thinking about making in any event. We think there are 2 actions we can take during the GPA stage to address this issue with the internal managers that may be sponsoring our efforts:
 - Describe to the manager that the PNA produces clear and descriptive data, and that some people might use some of the data to “find fault” or “lay blame.” While we think this is inappropriate, it could happen, and the manager should know the risk involved. As part of addressing the risk, suggest that the person get a preview of the data before it is shared more widely in the client system. The way in which the data are reported can also be discussed in case there is some language that might be sensitive
 - Discuss widely within the client system that problems of the kind we are treating through PI are rarely if ever 1 person’s fault. In many instances, problems take a long time to develop, and they generally require systemic changes to “fix.” The power of PI is that it usually takes the blame away from the individual performer and looks at the systemic and organizational factors that are getting in the way. It is also helpful to frame the data reporting that occurs in both of the first 2 stages with this point in mind
- GPA is actually an ongoing process, and may continue at different stages based on new data or subsequent interventions. The first stage is the key time when agreements must be

reached in order to move forward, but there may be further agreements reached later that signify appropriate changes in course

- During the first stage, field-testing found the project agreement to be a useful tool to help the various parties come together to agree on key items. In the Dominican Republic field test, the project agreement was used almost like the agenda for a meeting, and provided the structure for discussions and subsequent agreements
- It is often difficult to get people to focus on performance and results, rather than inputs. It is also difficult to help people focus on defining problems rather than jumping to solutions (or assuming a solution before you even meet with them). This is a special challenge during the GPA stage because clients and stakeholders may not be familiar with the language of performance and results. Gentle persistence and focus on results helps, and people will gradually find it more and more useful to approach problems in this way

Stage 1 Toolkit

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- Initial Client and Stakeholder Meeting—Sample Questions

Project Set-up Document–Form

Project name:
Name of client organization:
<ul style="list-style-type: none"> Key client contact:
<ul style="list-style-type: none"> PI leader:
<ul style="list-style-type: none"> Initial request:
<ul style="list-style-type: none"> Subject matter expert(s):
<ul style="list-style-type: none"> Exemplar
<ul style="list-style-type: none"> Key stakeholder:
<ul style="list-style-type: none"> Key stakeholder:
<ul style="list-style-type: none"> Key stakeholder:
<ul style="list-style-type: none"> Key stakeholder:
<ul style="list-style-type: none"> Key stakeholder:
<ul style="list-style-type: none"> Key stakeholder:
<ul style="list-style-type: none"> Performer (job title):
<ul style="list-style-type: none"> Sources of written data:
<ul style="list-style-type: none"> List of people to be interviewed:
<ul style="list-style-type: none"> Funding source:

Project Set-up Document—Job Aid

Term	Definition	Example	Notes/Comments
Project name	The name of the analysis you are starting.	ISM Worker performance assessment.	
Name of client organization	The name of the organization you are helping. Typically the lowest level that will contain all the workers that will be part of the investigation. Or, the name of the organization that asked you for help.	Santo Domingo Polyclinic #23.	If asked for help by one organization, but the workers are in a different organization, you may want to list both. Many times, this will be the organization in which your key decision-maker works.
Key client contact	The person who is your contact in the client organization(s) and who has knowledge of who the other stakeholders are.		The key client contact will often be your partner on the project, especially if you do not work in the organization that is asking for your help.
PI leader	Your name		
Initial request	State the initial request for help, whatever it was, in the client's words.	"We would like you to develop a 3-day class to improve provider performance about offering all available, appropriate contraception methods. "	
Subject matter experts	The names of the people who have expertise in the tasks you are investigating.	Names of the resident expert in IUD insertion techniques, if that is one of the methods being offered.	
Exemplar	A person who currently meets or exceeds the expectations of the client organization; the star performer of the organization.		Names of exemplars can be learned from talking to stakeholders, and especially supervisors, clients, or from co-workers. In the case of new performance, or in cases where nobody is doing very well at the moment, this field could be blank.

Term	Definition	Example	Notes/Comments
Key stakeholder	A list of the names of the people who are affected by the poor performance, or who will benefit from improved performance, or who will benefit from new performance being at a top level.		
Performer	The job title of the job that is under investigation.	ISM provider	
Sources of written data	List all the written information that could provide data on performers and how they are performing. Especially interesting are reports that show measurable indicators.	<ul style="list-style-type: none"> • Clinic records • Previous studies • Trip reports • Drop-out rates • Performance evaluations • Client surveys 	Seek out all written reports or records that might provide information on the performers, or even on the organization as a whole.
List of people to be interviewed	Who will you want to talk with to determine the desired and current levels of performance, what is causing any current gaps, and what interventions are available to fix those causes?		
Funding source	Who is paying for the investigation and related costs? Be specific about the project.	<ul style="list-style-type: none"> • PRIME core evaluation funds • RO/LAC field support 	

Data Gathering Form

Project name:	Interview date:
Name(s) of person(s) interviewed:	Organizational role:
Name of client organization:	
Organization mission:	
Organization key goals:	
Performer (job title):	
Job mission:	
New job—Briefly list key job accomplishments:	
Existing job—List deficient accomplishment(s) (i.e., what is not being produced that should be produced or what is the bad <i>result</i> of someone's ineffective behavior?)	
Potential value of fixing deficient accomplishments (so what?):	

Project Agreement Letter–Form

Project name:		
Name of client organization:		
<ul style="list-style-type: none">• Key client decision-maker(s)		
<ul style="list-style-type: none">• PI leader:		
Job title of job for analysis:		
Job mission:		
New job—Describe in 1-2 sentences.		
Existing job—List deficient accomplishment(s):		
Expected project outcome(s):		
Next steps 1. 2. 3.		
Expected project completion date(s)		
Budget:	Field support, core or both	Amount available:
Signature: key decision-maker(s)		
Signature: PI leader		

Project Agreement Letter—Example

[What you produce may not be called a Project Agreement Letter. In many countries a Memorandum of Understanding is the appropriate title. Here is an example.]

To: [Key client manager or team leader]

From: [PI leader]

Subject: Summary of Initial Performance Improvement Understanding and Next Steps

Purpose: The purpose of this memo is to summarize our collective agreements about the 2 key performance issues identified by you and your colleagues, and to describe what we jointly decided would be useful next steps to assess the situation at a deeper level. This assessment data and analysis can then be used to help us fully understand the performance issues, their impact so that we can target interventions that would most have the highest likelihood of improving performance at the primary FP/RH provider level. This in turn will help move your region towards the overall country objective of providing “quality and sustainable comprehensive reproductive health services in all clinics and at the community level by the year 2005.”

Process: Over the last several weeks, we have had general discussions with you about your concerns related to 2 issues: what appeared to be declining client return rates at clinics in your region, and some evidence that acceptance of Norplant® was still very low despite efforts to increase acceptance. You and your staff initially thought that training might help solve these problems and you invited us in for discussions.

At your request, last week we were able to meet with you, with several other staff in the organization, and with some other key stakeholders who play a role with RH at the primary care level in the region. This culminated in last Friday’s meeting with you and your team from the organization and with stakeholders in attendance. At that meeting, we summarized what we had learned in the various meetings we had during the week, and we then had substantive discussions about desired primary provider results, performance gaps, and next steps we might take to begin to understand how best to address the problems.

Results – agreements and next steps: During our meeting last Friday, it seems we had agreement about 3 fundamental points:

- We all agreed there was a problem with client return rates and Norplant® acceptance. There was also a general feeling that both of these problems might be related to the quality of client-provider interaction. We also agreed that, ideally, return rates would be rising by [x percent per quarter] and that acceptance of Norplant®, especially among young people aged 16-22, would be in the [y percent] area by the end of the year
- Different people within [the client organization] and among stakeholders had differing

opinions about the causes of the problem, and many of the opinions were based largely on anecdotal evidence. Even with the data limitations, however, we agreed that the problems affecting performance probably extended beyond issues that training alone could address

- As the discussions continued, we agreed that it would be very helpful to have more concrete data (especially from a field perspective) to assess and understand the problems more fully. This data could then help provide guidance as to what actions would have the highest impact in helping move clinics towards desired results of higher client return rates and broader acceptance of Norplant® as one of the contraceptive options open to families

In order to do the assessment described above, we agreed on the following next steps:

1. We will have a team of 3 people collecting and analyzing the data during this phase of the initiative (or PI approach). We will provide 2 of these team members, and you agreed that [x] from [the client organization] would join the team to contribute and to learn the particular tools associated with our methodology. Although this person will participate on the team, he or she will not directly do interviews or focus groups because people might feel intimidated by an important person from headquarters collecting data. (We estimate it will take a total of 2 person weeks of this staff member's time, 1 week in August and 1 week in September)
2. The assessment team will develop a list of PNA questions for discussion and your approval by August 20. Many of the questions have already been raised as we worked together during our meeting last Friday
3. During the period of September 15-27, the performance assessment team will be collecting data using the following methods and sources:
 - We will interview a representative sample of managers and staff at the regional level (we estimated about 12-15 of these interviews)
 - We will interview a representative sample of supervisors and primary care providers at [x] clinics
 - While working at these clinics, we will do focus groups with clinic clients in at least [x] different sites. We will work with you to finalize the schedule. This should be done by August 20. You agreed that [the organization] would introduce us and communicate the schedule to the people who are to be interviewed during the data collection process. You thought it would be a good idea to accompany us to several clinics to make certain the introductions were as effective as possible
 - As you suggested, we will read over your strategic plan, client use statistics from the last 3 months, and evaluation report done by [NGO] 6 months ago
4. The team will analyze the data during the period from September 27-October 3. We agreed at the meeting last Friday that we would aim for October 4 as the target date to report the results. We also tentatively agreed that the same group of participants would be eligible to attend the results sharing meeting. Generally, this kind of assessment produces the following 2 results:

Stage 1—Toolkit

- The first is a summary of the findings including descriptions of the desired changed or new performance, the gaps between the desired performance and typical performance, and the causes of the performance gaps or performance problems
 - Based on the summary of the findings, the report should include recommended interventions at a general level that will help to “fix” the performance problem, or close the performance gaps. These gaps can be placed in priority order, the most important can be selected to treat or to “close,” the causes can be described, and ways to intervene to ameliorate the causes can be explored. This may include a range of interventions with strengths and weaknesses of each intervention, as well as an estimate of which interventions would make the strongest impact on the performance problems. The interventions should be linked closely to particular causes so it is clear how the intervention will correct a specific cause of a performance problem
5. We agreed it would be best to have periodic consultation meetings with the PNA team and you to check on progress at key points, and to make sure we were collaborating as closely as possible
 6. You agreed that [the organization] would provide logistical support for the assessment team (including office space while in the regional capital, travel to and from clinics, and so on)
 7. [The donor] agreed to provide funding for necessary technical assistance costs incurred during the performance needs assessment phase

Please let me know whether this project agreement letter is accurate from your perspective. If you have any questions, corrections or suggestions, we would be most happy to make the changes. Once you have approved the letter, we can send it to the interested parties who attended the meeting last Friday.

Project Agreement Meeting—Job Aid

When you think you have all the information necessary to form a project agreement letter, conduct a meeting of the key stakeholders, to assure common understanding. This meeting could take from 1/2 day to 2 days depending on the complexity of the issues involved.

The agenda items are bulleted below. Tips for conducting each agenda item appear below the item.

- Introduction—goals and agenda of this meeting
- Short description of the initial meeting with the primary client, and a review of the initial request(s) for assistance

We suggest that the PI leader or key client describe the initial meeting and requests, to set the stage for the rest of the content to come

- Review of other meetings the PI leader(s) has had with key clients and others to get input and reach project agreement

This should be a short item and it could be printed. Having kept in consultation with the primary client during the initial series of meetings should mean that there are no surprises at this project agreement meeting

- Summary of some of the key themes that emerged from these meetings

As part of this summary, the PI leader should point out areas of agreement, areas of disagreement and points where there are mixed messages. The PI leader should then lead a discussion of themes, especially those areas where there may be disagreement or contradictory messages from different key stakeholders. The purpose of this discussion is to see if these disagreements can be resolved, or whether there are areas where disagreement can remain but the project can still move forward

This can take a certain level of sensitivity on the part of the PI leader since some of the areas of disagreement may involve the primary client. It is possible, for example, that the primary client thinks there is greater agreement among stakeholders or donors than there really is, or is interested in improved performance in areas that others see as marginal. These need to be brought out tactfully and discussed politely and directly. We suggest that potentially “sensitive” issues be discussed with the primary client before the meeting occurs. It will be helpful for the PI leader to learn reactions before a meeting rather than in it

- Initial description of the desired level of performance and/or new performance as expressed by the key client(s) and stakeholders:

The PI leader should lead a discussion that allows participants to react to this summary of the desired improved or new performance. This discussion need not end in complete agreement at this point, because the data gathered during the PNA will help to complete this picture and make the performance issues more precise. The PNA results may also cause people to change their positions and more easily come to agreement

- Initial description of the current level of performance

At this point, there should be general agreement about what improved performance would be acceptable. While any exactitude in measurement will wait for the PNA (stage 2), at this point stakeholders should have very general agreement about the desired performance

- Summary of agreements; decisions; next steps

The facilitator keeps careful track of the agreements reached during these discussions, including the agreements to delay deciding certain items

MEETING OUTPUT: A short project agreement letter (or similar document) that captures agreement on the performance issue(s) being addressed, the initial draft of the desired new or improved performance and the plan for the PNA.

The meeting output should be produced as soon as possible after the meeting (the next day would be best), and distributed immediately. If people have questions or changes, they should be able to contact the PI leader to clarify and make changes (if appropriate).

Project Agreement Meeting—Sample Agenda

- Introduction – discuss goals and review the agenda of this meeting
- Short description of the initial meeting with the primary client(s), and a review of the initial request(s) for assistance
- Review of other meetings the PI leader(s) has had with key client(s) and stakeholders
- Summary and discussion of some of the key themes that emerged from these meetings
- Initial description of the desired improved performance and/or new performance and actual performance as expressed by the key client(s) and stakeholders; discussion of performance gaps, and causes (at least as seen by client and stakeholder decision-makers)
- Suggesting, discussing, altering and getting agreement on the plan for the PNA
- Summary of agreements; decisions; next steps

MEETING OUTPUT: A short letter of agreement (or similar document)

Client and Stakeholder Meetings—Sample Questions

Questions to ask

General contextual questions

- Which group of providers are we talking about? (Some initial demographic information is always helpful)
- In order to understand more fully the context within which (this group) works, it would help if you shared the mission and goal(s) of (this particular section of the Ministry)
- How does their (the target provider population's) performance impact on this section's or unit's goals?
- How would improved provider performance help you reach your goals? (Even if the client is unable to articulate goals or desired performance clearly, these kinds of questions and responses will help expand the conversation and move it towards performance issues)

Moving from training to performance issues

In many instances, you may be called in for assistance in order to provide training. Here are some questions that will help move the conversation more towards performance.

- Why do you want to train these providers? What performance problem are you trying to “fix” by training?
- What would the results be if these performance problems were addressed?
- Or is it new performance you want? If so, what kind?

Looking at desired performance

- What do you want them to do? What would ideal performance “look like”? That is, what would you “see” if work were being performed in an ideal manner?
- In an ideal sense, what would you like the specific performance to be? What results would you like to achieve? What are some indicators that would show effective performance? (Ask follow-up questions to help others be as specific and performance-based as possible)

Exploring actual performance

- How well are they doing now?
- How do you [or this NGO or this unit of the Ministry] gather this kind of performance data?
- You mentioned they are not doing [blank]...so what are the standards you are currently using to measure performance? How well do people in the field know the standards? How do they find out about them?

Factors affecting desired performance

- Let us look at the positive side for a moment—what helps providers do their work well?
- What hinders them from doing their job well?

Depending on the answer to these questions, there may be several applicable follow-up questions:

- What other factors might there be that affect their performance?
- Do they know what is expected of them?
- Do they receive clear feedback about how they are performing as compared to the expectations?
- How well does the [organization] support the kind of performance you want to see?
- What about compensation issues or other issues relating to incentives and motivation?
- Selection and assignment?
- Logistical support and supplies?
- Any problem with... Etc.
- How would training help them meet the increased performance you would like to see?
- If they knew how to do it, would they?
- Sometimes there are sector factors that affect performance—[provide an example from another country]—might this be the case here? Which policy? How might it affect performance?

(As the meetings and conversations progress, the following question may become important):

- [Stakeholder x] has mentioned that they see [issue y] as important in terms of performance. How do you see that same issue? Is this something you agree with? Could live with? Think would be important?

Tips

As a result of the PRIME PIA field tests, we see the following tips especially important during these initial meetings.

- It is important to be persistent (if diplomatic) in helping people be descriptive, specific or clear when they respond to questions about performance: people holding positions in middle or top levels of organizations often have a “notion” or an intuitive sense that change needs to occur, but they have trouble defining what they want. In many instances, they have not been asked questions about performance in quite the same way as we are proposing here. They will often respond with words like “things” or “stuff” or “medical necessities” or “good work.” Part of the art of these kinds of meetings is knowing when and how (and how much) to press for specifics. Without the specifics, understanding is limited

- **It is critical to use the results-oriented questions and to be prepared to follow up as appropriate:** Many FP/RH clients are more comfortable discussing inputs and “what providers need” (e.g., supplies or training or better facilities) rather than results. People can identify results when questioned in the ‘right’ way, but it takes some degree of patience, and a clear understanding on the part of the person asking questions as to what is a result and what is an input
- **Note taking will be a helpful tool to employ during these initial meetings:** Implementing these meetings is not necessarily a simple task. The PI leader must have good questions, ask them at the “right” time, ask follow-up questions appropriately to get more depth and assure understanding AND take notes. We cannot emphasize strongly enough how important it is to take good notes. They need to be thorough and clear enough so that the meaning can be understood days later when you have time to go through the notes to look for the kinds *of patterns and themes that will prepare you*

PRIME's Performance Improvement Approach
Source Document
Stage 2—
Performance Needs Assessment

Stage 2—Performance Needs Assessment

Purpose

The purpose of the Performance Needs Assessment is to identify what is needed to establish good performance where current performance is substandard, or where no performance existed before (e.g., in a new job or role). The steps you follow will depend on whether you are trying to troubleshoot performance problems, or establish new performance. The only time to use the analysis steps for establishing new performance is when the organization is creating a new job or new role.

When troubleshooting performance problems, you must first identify the performance problems. The next step is to determine which performance factors are contributing most to the identified problems and suggest interventions that will most likely improve performance. Thus, the PNA is fundamentally different from most training needs assessments that assume the reason for a performance problem is a lack of skills and knowledge.

When establishing new performance, you first define the job and then what is needed to ensure good performance on the job.

It is important that ideal and current performance be specified in results-based, measurable terms. This enables any gaps to be described in measurable terms as well. The focus on measurable, results-based descriptions will help every other stage of the PIA (including evaluation) become more precise, clear, and targeted.

While we present the steps for both specifying new performance and for improving existing performance, the vast majority of our work in the field will involve improving existing performance. The bulk of the material and explanation that follows the steps, therefore, focuses on improving existing performance.

Output

The output of the PNA phase is either a new performance specification or a PI specification. The specification is a document that describes important points about the performance and its causes and solutions. Each kind of specification is described briefly below.

New Performance Specification

- Related organizational goal(s)
- Job mission
- Job accomplishments
- Job tasks
- Performance measures for each accomplishment and task
- Support needed for each accomplishment

Performance Improvement Specification

- Desired performance
- Current performance
- Performance gap

Stage 2—Performance Needs Assessment

- Causes of gap
- Interventions to close gap
- Cost/benefit analysis of applying interventions

Forms, templates, and job aids for both of these outputs are included in the Stage 2 Toolkit.

Steps—New Performance PNA

Step 1: Anchor new job to organizational goals

- **Goal:** List the organizational goal that this new performance will help support
- **Output:** Completed *Organizational Goal* section of the New Performance Specification document

In Step 1, the PI team lists the organizational goals this new job will help support. It is important for everyone to understand the connection between the organizational goals and this new performance. In all respects, the new performance must support those goals, and the extent to which it does is the yardstick against which all subsequent performance must be measured.

Step 2: Define the mission of the new performance

- **Goal:** Determine the mission of the new performance (the single most important job output)
- **Output:** Completed *Performance Mission* section of the New Performance Specification document

In Step 2, the team defines the mission of the job—the single output that is most important. The mission of the job may be something such as “clients effectively use FP methods. ” The mission must directly support the organizational goal(s) described in Step 1. All the accomplishments and tasks you list below must support the job mission.

Step 3: Define the accomplishments

- **Goal:** List the major job outputs for the new performance
- **Output:** Completed *Accomplishments* section of the New Performance Specification document

In Step 3, the team defines the accomplishments or outputs of the new job or role. Outputs include items such as “FP methods dispensed” or “clients accept and begin using a method.” Each of these accomplishments should support the mission of the job. The accomplishments should describe the components that support the mission.

Step 4: Define the tasks for each accomplishment

- **Goal:** For each accomplishment, list the step-by-step tasks that a person does in order to reach the accomplishment
- **Output:** Completed *Tasks* section of the New Performance Specification document

In Step 4, the team lists each step, or task, a person would take to reach each accomplishment. For example, the first step of a task for “FP Methods Dispensed” might be “greet client.” Flowcharts are especially helpful in defining tasks lists. If training becomes part of the support for new performers, these flowcharts will serve as a critical part of the curriculum.

Step 5: Define indicators for each accomplishment

- **Goal:** For each job accomplishment, list the indicators you will use to measure the performance
- **Output:** Completed *Indicators* section of the New Performance Specification document

In Step 5, the team selects indicators for judging how well each accomplishment is being performed. Indicators are usually described in terms of **quantity** (how many), **quality** (how well it meets the specification), and **cost** (in terms of money, time, etc). This step is especially important because it specifies how the new performance will be judged.

Step 6: Examine the support factors related to each accomplishment and task

- **Goal:** To ensure that, for each job accomplishment, the critical support factors are in place to create an enabling environment for good performance
- **Output:** Completed *Performance Support* section of the New Performance Specification document

In Step 6, the team lists all the performance support factors needed to ensure good performance in this new job or role. Examples of performance support factors include “job expectations” and “skills and knowledge.” For each support needed, the team will also make a plan for meeting that need. For example, for “job expectations” the team may meet that need with “written national protocols.” For each support factor, the team must also decide whether it is cost-effective in the current environment to provide support.

Steps—Performance Improvement PNA

Step 1: Define desired performance

- **Goal:** Define the desired performance using specific, measurable terms upon which all key stakeholders can reach consensus
- **Output:** Completed *Desired Performance* section of the Performance Improvement Specification document

In Step 1, you define performance in a specific and measurable manner. For the definition to be valid you must ensure that all key stakeholders have input and/or agree. The team members from the client organization will be especially helpful stakeholders in defining desired performance since the definition is ultimately their decision. Other members of the client organization and stakeholders from other organizations can also provide useful assistance. Ultimately the desired performance of the target group should also be linked to ideal results expected for clients at the primary care level. The desired performance should also be aligned with organizational goals. The team should make certain that the desired performance of the target group is as clear as possible before proceeding to the next step.

Step 2: Define current performance

- **Goal:** On the basis of the best available data, define the current performance using specific, measurable, terms upon which all key stakeholders can reach consensus
- **Output:** Completed *Current Performance* section of the Performance Improvement Specification document

In Step 2, the team pools their data about current performance, and describes in specific terms how providers are currently performing. (For information about how to gather data about current levels of performance, see the *Detailed Explanation* section of this chapter, as well as the Stage 2 toolkit)

Step 3: Define performance gaps

- **Goal:** Define the performance gaps, using the same terms used in the description of desired and current performance, and determine whether the problem is worth solving
- **Output:** Completed *Performance Gap* section of the Performance Improvement Specification document

In Step 3, you define the performance gaps by comparing desired with current performance. When the performance gaps are precisely measured, identifying the gaps becomes easy and almost mathematical. Once the gaps are clear, the team ranks them in order of importance. To do this, the central question is “is this problem worth solving?” The client organization team members’ contributions will be especially important during these discussions.

Step 4: Determine root causes of gaps

- **Goal:** Agree on the root cause of each gap
- **Output:** Completed *Cause* section of the Performance Improvement Specification document

In Step 4, the team finds the root cause of each performance gap using cause analysis tools such as the fishbone diagram. The cause analysis uses the 5 performance factors as categories to array causes for each gap. Once all the causes for a particular gap are uncovered, the team works together to identify the key or root cause(s). In many instances, by the time this stage is reached and causes are arrayed, the key or root cause may be obvious.

Step 5: Propose interventions

- **Goal:** For each gap and cause, propose an intervention to remove or lessen the cause
- **Output:** Completed *Interventions* section of the Performance Improvement Specification document

In Step 5, the team proposes interventions to address key causes of performance gaps. The aim of this step is to agree on the general interventions, not to design each intervention (that is the next stage in PRIME’s PIA). In fact, more specific intervention design may require expertise that is not included on the PNA team. Additionally, the overall findings and approach will need to be discussed with clients and stakeholders before the next stage begins. As such, the interventions need to be described with sufficient depth to allow these discussions, and to show how they would address the important causes.

Step 6: Perform cost/benefit analysis for possible interventions

- **Goal:** Determine whether each proposed intervention will benefit the organization more than it will cost, and if so, by how much; to decide whether to undertake a given intervention, and in which order they should be tried
- **Output:** The *Cost* and *Benefit* sections of the Performance Improvement Specification document

In Step 6, the team examines the costs and benefits of the proposed interventions. Costs and benefits of interventions can be described in terms of financial resources, human resource costs, and potential for improved performance in limited resource environments. The cost/benefit analysis will be helpful in making decisions about which interventions may have the biggest impact. It addresses the question of where do we get the most impact for our investment, and avoids the possibility of pursuing less important interventions that may have resource costs, but achieve only small performance gains.

Detailed Explanation

In general, the process for addressing PI problems can be described as follows: The team begins by collecting data to assess whether there is a difference between the quality of service that is desired and the quality of service that is actually being delivered. Team members identify performance gaps that are worth focusing on, and look for factors that contribute most to the problems. Working collaboratively with key decision-makers, the team uses PRIME PI tools to select solutions that are both cost efficient and sustainable, and that will make the most difference.

Unless the scope of the effort is small or the resources severely limited, it is likely that the PNA will involve a team of 2 or more people. There is much to do and the work can be difficult and complicated. In most instances a team effort can deliver a higher quality product than 1 person working alone can achieve. For example, simply having 1 or 2 other people check one's interpretation of a situation or a pattern in the data can be invaluable. In the interests of promoting sustainability, we also recommend that 1 or more staff from the client system join this PNA team process to play an appropriate role (exactly what the role is would depend on the position of the person in the client organization).

The PI leader may or may not be on the PNA team, depending on time availability, expertise and other factors. If the PI leader is not on the team, the PNA team leader and members will need to be sufficiently skilled to undertake the PNA process without the PI leader. In those instances where the PI leader is not active in the PNA process, the PI leader will still need to meet with the PNA team at key points to stay informed and to make appropriate inputs.

An In-depth Look at PNA Data Gathering and Analysis

A performance needs assessment consists of 2 related steps, data gathering and data analysis, with results used to select appropriate PI interventions.

Data Gathering Process

This data gathering process is aimed at collecting data that can be used to specify new performance or identify performance gaps and their causes. There are 2 parts to this process:

First, the PNA team gathers data that will help refine the definition of desired provider performance and ideal results initially identified in the GPA stage. In some cases, information gathered during this step will enhance or change the picture of desired performance.

The second part of the analysis includes assessing workers' current performance to determine whether there are gaps between desired and actual performance.

The first part of the process—defining desired or new performance—actually started with key client and stakeholder discussions during the GPA stage and is documented more comprehensively during this stage. The Stage 2 toolkit includes a table that describes different methods that can be used to gather data about both desired performance and current performance. The PNA team will choose a data gathering method or combination of methods depending on the complexity of the performance under review and the resources available for the PI effort.

When determining what level of desired performance is reasonable to expect, it is useful to look at top performers on the job now. If these “exemplars” can do such good work, then perhaps their performance is a reasonable level to expect. A form of triangulation can be used to locate exemplars.

This is a process that involves asking a representative sample of different knowledgeable people to identify competent or the best performers. At a certain point, the same names will begin to emerge as candidates for the exemplars. Once identified, these competent performers can be observed at work, interviewed, or descriptions of their performance might be gathered by other means (e.g., performance appraisals). In addition, standards, guidelines, job descriptions and other documents might be forms of data that will help define desired performance.

If the performance being examined is new or mostly new or if there are deemed to be few if any exemplars, then excellent field managers, supervisors or a team of technical experts might be helpful in providing data for the analysis. The PNA team may already include technical experts, and these individuals can be tapped to help build a picture of desired performance. If you are defining new performance, interviewing or surveying present performers (or their managers or colleagues) can still be a valid source of data. (Note: our field test results indicated this is not always fruitful. When ideal performance questions are asked of clinical personnel who do not have much experience with FP/RH, they tend to have trouble answering the question, or they answer it solely from the perspective of a particular clinical discipline, or they are already so constrained by the harsh limitations they face everyday as a provider with limited resources that they cannot imagine the ideal.)

The PNA team will use a set of core questions to do interviews, focus groups, guide observations, or design any other method used. Follow-up questions that help respondents be more specific and graphic are *very* important throughout the PNA data gathering stage. It is important to note that “[...]regardless of what types of data we gather or the methods we use, our success will hinge on our ability to ask the right questions in the right way” (P&I, May/June, 1995, page 15). The Question Library in the Stage 2 Toolkit lists several questions you can ask to elicit important Stage 2 information.

In addition to asking the right questions in the right way, the PNA team must be *very effective* at taking notes and documenting as closely and accurately as possible what respondents do and say. When asked questions about ideal performance, respondents often compare ideal to current performance levels. In some instances, the PNA team can economize by asking questions about both desired and typical performance to the same respondent or group of respondents. Or the PNA practitioner can ask to observe typical providers as well as exemplars during the same trip.

Through this process of gathering data about desired and typical performance, the PNA team will be able to describe performance gaps. Since the process is not always linear, logical or neat, the team will also be gathering data about the *causes* of these performance gaps. However, at a certain point, the PNA team will need to focus even more closely on unearthing the causes.

Data Analysis Process

Some Methodological Observations about the Data Collection Process

Scheduling time for effective PNA teamwork

In most instances we assume there will be a PNA team of at least 2 people (perhaps from different CAs). In addition to a full understanding of the PNA process and skill using the PNA tools, our field tests indicate that the team needs to make sure it allows sufficient time outside of the actual data collection process to meet, check progress among team members, coordinate efforts, and make appropriate changes to protocols as a result of field experience. We discovered that it is easy for the team members to plan for interviews and focus groups and trips, but to forget to plan intra-team meetings. The lack of this

planning time can have negative effects as the process proceeds.

During the interview or focus group process, there is a special emphasis on good listening and note taking. Wherever possible, we recommend that 2 people be involved in conducting focus groups in order to facilitate the process of note taking. From the field test, we also discovered that it is important for each PNA team member to plan a small but focused amount of time between interviews or focus groups, or at the end of the day, to read through the notes and summarize themes and patterns.

Collecting data—how much is too much?

In fact, one of the dangers the PNA team faces is getting too much data, taking too long to get the data, and then facing an overwhelming interpretation task once the data collection task is finished. This is especially true if there is a team involved. This often means that the PNA team has real difficulty in drawing conclusions, and the whole process slowly grinds to a halt.

The PNA team, especially in resource poor environments, needs to collect just the “right” amount of data, not too much, not too little. When planning the PNA, the client and the PNA team need to select data gathering methods and data sources that balance technical requirements for quality with time and resource constraints.

When using face-to-face data collection methods (e.g., interviews, focus groups, panels of experts), if the answers start to be clearly repetitive from individual to individual or group to group, it is a sign that you have enough data from these methods. In terms of using written surveys, there are well-accepted guidelines for deciding how much data to collect from specific samples. As part of the ongoing consultative process, the PI leader and the PNA team should carefully consider in discussions with the client and the stakeholders, how to balance the need for just the “right” amount of data with the need to use scarce resources well.

Searching for Causes While Gathering Data

Cause analysis is intended to identify those factors that contribute most strongly to performance gaps. Often, when faced with problems, people tend to rush to the solution stage based on unspoken assumptions or on a superficial analysis of cause. This leads to solutions that either do not work or contribute only slightly to improved performance. Thus, cause analysis is a critical link between identified performance gaps and their appropriate interventions and is a major strength of the PIA.

In very practical terms, cause analysis begins somewhat informally when gathering data about performance. During interviews or focus groups or in conversations during observations, respondents inevitably comment on causes of performance gaps when describing the problems themselves. This data can be preserved for later use. To optimize limited resources in a PI project, data can be gathered about both performance gaps and causes at the same time, either by having more extended data gathering interventions or by gathering different kinds of data during the same intervention or trip.

For example, a PNA team member might include, in the same interview, questions about performance gaps as well as questions on causes. Or, given a certain limited number of days to gather data in a location, the team member might begin by gathering data about performance with a small segment of the target population, and then continue to gather cause analysis data from a similar group during the same

trip.

We recommend a 2-part process when using interviews or focus groups to collect data: the first part involves asking 4 basic questions and, as appropriate, following up with probing questions to get deeper and more substantive information. As interviewees are responding to the 4 basic questions, it is possible that much of the needed data will emerge. The PNA team can then follow up by using some selective questions from the 5 performance factors described below if sufficient information has not emerged in response to the general questions.

The 4 general questions are:

- At this level (e.g., the primary provider level), what results are you trying to achieve? Your unit (or team)?
- What is your role in helping to achieve these results? What are others' roles in achieving the results?
- What helps you get your work done effectively?
- What hinders you from getting your work done effectively?

These questions need to be put in appropriate language for the context, culture and respondents. With appropriate follow-up questions, this can be a rich source of data because it is asking respondents to contribute their ideas without forcing their contributions into preconceived areas. In this way, we learn how respondents describe and prioritize performance issues in their own language in a way that is not directed by the interviewer. Common themes that emerge from interviews or focus groups conducted in this way are often more powerful since they are not “forced” or stimulated by the data gatherer.

As the discussion around these general questions finishes, the PI team member can then return to any of the performance factor areas not yet mentioned to ask appropriate questions. In this way, we get “undirected” responses first, but can then add more specific questions around performance factors not discussed.

The 5 performance factors are described below. Questions that can help identify root causes related to these factors can be found in the Questions Library in the Toolkit.

The 5 Performance Factors

1. Information (job expectations and performance feedback)

Information focuses on whether or not providers have clear information about what they are expected to do, how effectively they get performance feedback, and how good performance relates to desired FP/RH results. This factor addresses questions like the following: How clearly do providers understand the organizational goals and desired results? How well are they able to link their performance to these goals and desired performance? How clear are providers about their job description and performance expectations? When and how do they receive feedback about how well their performance is matching expectations?

2. Work environment and tools

Work environment and tools focus on determining whether providers or workers have the necessary tools, supplies and the physical environment to do the work well. This includes examining whether the

organizational processes are helpful or not, and whether there are external environmental factors that impact on performance (e.g., community support, health policies and regulations, licensing requirements or restrictions).

3. Motivation and incentives

Motivation and incentives focus on determining whether the organization is doing all it can to encourage good performance. Do people have a reason to perform as we ask them to? Does anyone notice? We are all governed, to some extent, by the “what is in it for me?” principle. Even if it is only the sense of pride in a job well done, we need a reason to perform up to standard. Likewise, we need to be sure that the organization is not providing *negative* consequences for the good performance we want. Does someone’s job get harder when they do what we want? Are there enough incentives to balance the scale in favor of desired performance? In short, good performance should be met with positive consequences. Below-standard performance should be met with neutral or negative consequences.

Finally, remember that what serves as an incentive for one person may serve as a negative consequence for another. Motivation is a very personal issue.

4. Organization support

Organizational support focuses on examining whether the organization supports or gets in the way of the desired performance. Organizations have unique cultures, and elements of organizational culture have profound effects on how work gets done. Organizational culture includes elements like the following: Are the right people being hired and assigned to the right places for the right reasons? Do supervisors model and reinforce behavior they expect providers to exhibit with clients? How do staff (managers, supervisors, providers) interact and treat each other on a daily basis? How does work “really” get done (as opposed to what might be described on paper or idealized by a person somewhat distant from the “front line”)? What norms exist that implicitly guide how staff treat clients, and so on.

5. Skills & Knowledge

Skills and Knowledge focus on determining whether the providers have the knowledge and skills to do the job and whether more training or other learning activities are necessary. (The way these questions get asked depends on whether you are interviewing primary providers or supervisors.

The 3 Organizational Levels of Analysis

Using the 4 basic questions and appropriate follow-up questions, the data gathering process will produce data related to most or all of the 5 performance factors described above. In addition, the process will produce data related to 3 different *levels* of analysis:

- **The health sector level:** We define this as the rules, regulations, laws and policies that govern or impact how work gets done in the sector. Sector level issues can have a profound impact on organizations and individuals attempting to get work done. Examples include regulations or policies about compensation, personnel, contraceptive use, whether or not FP is explicitly supported, provider qualifications and licensing requirements and so on. One of the strengths of PRIME’s PIA is that it identifies the impact of policy (if any) on units and providers at the primary level. This

impact will be documented during the PNA

- **The organization level:** The organizational level may vary depending on the situation. The primary focus will always be on the organization within which the primary provider works (and this will generally be some kind of local health clinic or unit). However, this local unit may be part of a larger organization (e.g., a NGO, a regional health authority, a private sector health provider) that may have plans, processes, regulations and management responsibilities that affect the local organization
- **The worker level:** These are usually the primary providers who actually provide services to RH health care

There are many different ways in the performance technology literature in which these levels are described. In the PRIME PIA, we believe it is more direct and simple to focus the data gathering in the 5 performance factor areas and include questions in each that stimulate responses regarding possible causes at all 3 levels. Then, if appropriate, the PNA team can sort the results according to the levels mentioned above during data analysis. After a PNA, the PI leaders may discover there are no apparent sector issues that affect performance and this level will then get no further treatment. The key is to make certain that data is gathered in such a way to either let performance obstacles emerge in an open-ended way, or to follow up with probing questions that ensure the various levels are being considered.

Analysis After Data Gathering

Once the data gathering process is completed, we recommend that each of the team members allocates some time to complete an initial, individual interpretation and/or summary of the data. This will be easier to accomplish if individuals have been doing a certain level of review and summary *during* the data gathering process itself. Interpreting data is not always a particularly easy thing to do. To do this effectively requires a combination of skills, experience, technique, and “art.” The following are suggested tips that probably fall in the “technique” area, and will help get the most out of one’s skills and experience. (Some of these have been adapted from P&I, vol. 34, page 15.)

- Search for examples to illustrate what people say and mean. Respondents often use words that PNA team members assume mean one thing when the person may mean something else entirely. “Inadequate staff,” for example, can mean many different things—too few staff members, inadequately trained staff, staff who have the wrong disciplines for the clinical issues under consideration, and so on. “Communication problems” can also mean many different things—not enough staff meetings, insufficient communication about organizational goals, no performance feedback, poor written communication, and so on. Hopefully, during gathering, sufficient follow-up questions will have been asked to allow the data patterns to be interpreted in clear and meaningful ways
- Diagram processes using appropriate and meaningful tools. This is especially true in the area of organizational processes. It is important to be able to follow a procedure from beginning to end. In order to do this, it may be necessary to put pieces together like a puzzle from several different data sources. It may literally involve following a process from beginning to end, either by observation or by very detailed question asking. (“And so, what happens when this step is finished, where does this go next, who has it, for how long?”)

- Share ideas about interpretation with fellow PNA team members at certain agreed upon times. If you are working alone, pick some colleagues and share some of your emerging interpretations, themes and conclusions with them. Do this soon enough so their input will be useful as you continue the process

Generally, what the PNA team is intending to do in the initial interpretation process is to identify what the data indicates about performance—desired, actual and gaps—and causes of performance gaps. When this is completed, we recommend that the team meet together and work through specific steps to identify performance problems, assess their importance, agree on causes, and identify possible interventions.

We also assume at this point that the team will include or be joined by some key members from the client organization who can help interpret the data and contribute to the process. In addition to the quality contributions client representatives can make, they can also help to identify particularly “sensitive” issues or recommendations that might run into great resistance. This kind of input can be valuable to the team as the process proceeds. The PNA team may still decide to address sensitive issues or recommendations, but they may be able to position in a more acceptable way, or at least they know they are likely to encounter some resistance, and thus should not be surprised.

The PI leader, if not on the PNA data gathering team, needs to be present and participate in the data and cause analysis discussions.

Report and Next Steps

When the PNA team completes this step-by-step process, 1 or 2 of the team members write a summary of the results. The summary should clearly describe desired performance, actual performance, performance gaps in order of importance, root causes of important gaps, and possible recommended interventions including a cost benefit analysis. This summary can then be reviewed by the team and shared appropriately within the client system and with other stakeholders. The PI leader’s role in this process is to help communicate and coordinate activities and discussions around the PNA results and reports, and to help stimulate decisions to be made that lead to the next stage—designing interventions.

Lessons Learned from Our Field Tests—PNA

In order to optimize the input of all PNA team members, it is important for the team to schedule adequate time during data gathering for ongoing analysis and consultation. This is especially true if some team members have other demands on their time, while others may be wholly devoted to the data gathering process. It is very easy for the PNA team not to schedule time or to underestimate the time needed for thinking about and summarizing notes between interviews or for team consultation and planning. In some instances, schedules get tight and team members may have to review the data at night or “on the fly” or do their “regular work” at night.

In practice, this could result in some team members doing more of the data gathering than the others. Different team members may use slightly different ongoing data review methods and do different kinds of preliminary analysis. Because of various pressures, it may also mean that the preliminary data report is largely being prepared by a team member. If the team members have made an active decision that this is the way they want to work together for any number of reasons, this is fine. However, it should not happen accidentally.

Stage 2—Performance Needs Assessment

The PNA team needs to agree on an approach for note taking for interviews and focus groups. In addition, the team needs to agree on a *format* for the preliminary data report. While the Toolkit will include guidelines in these areas, each PNA team needs to make final decisions together about the exact way they are approaching the interviews, focus groups, note taking and preliminary reporting of data. One possibility is that they will use the formats suggested in the Toolkit as they are defined; another possibility is that the team will agree to adapt the formats appropriately. A lack of discussion or agreement about issues like note taking and data formats will increase the amount of time it takes for data gathering teams to be productive, and it may decrease the quality of their results.

During one of the field tests, the actual data gathering time period was punctuated by a hurricane. During the aftermath of the hurricane, the PRIME field staff person from the data gathering team became heavily (and appropriately) involved with the relief effort. While the hurricane was a “special circumstance,” it is likely that in environments where resources are scarce, events like this may happen or other, unexpected, priorities will crop up. It is possible that some of the duties of the key people on the PNA team (especially PRIME field staff or client staff who may be helping) may need to be reassigned or delayed. There is no particular “answer” for this situation, although it may be possible to:

- Look carefully at the time requirements of those who have other ongoing responsibilities during the planning process of a particular stage
- Take these into account by arranging for deadline delays, or figuring out ways that other PRIME staff might do the work, or by adjusting the workload on the PNA team

Stage 2 Toolkit

Contents

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- Performance Improvement Specification—Job Aid
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- Diagnosing Performance Problems Table
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- PNA Question Library

Performance Improvement Specification—Form

Desired Performance	Current Performance	Performance Gaps	Root Cause(s)	Intervention(s)	Cost/Benefit Estimates

Performance Improvement Specification—Job Aid

This job aid provides step-by-step information for completing the Performance Troubleshooting Specifications form (see page 75). As you work through the steps described below you will define desired and actual performance, identify the root cause of the performance gap (the difference between desired and actual), find the root causes of the gaps, consider appropriate interventions to close the gap, and rank the interventions on a cost benefit scale.

Steps 1 & 2: Define Desired and Actual Performance

First Things First—Specify the problem in terms of performance

Often, problems are stated in general terms that do not apply to anyone's performance. People will often present you with problems like "people are not returning to the clinic." That is certainly a real problem! But you need to find out the performance that we can change that will make that better. It is just your job to "drill down" until you uncover the performance that is at the root of the problem. Then, you can describe the desired performance and the actual performance.

To uncover the performance in the problem, a useful technique is the "why-why-why" technique of gaining specificity. In essence, when presented with a problem, you keep asking "why?" until there are no more answers. (Those of you with small children will be especially familiar with this technique.)

Example of the why-why-why technique

A: People aren't coming back to our clinic.
 B: Why aren't they coming back?
 A: Well, I'm not sure. I hear some criticizing about the time it takes.
 B: Why are people complaining about the amount of time?
 A: I guess they think it takes too long.
 B: Why do they think it takes too long?
 A: Maybe they think a 4-hour wait is too long, and maybe they are right.
 B: Why do people have to wait 4 hours?
 A: Well, the providers can only do so much: but they only see about 1 person per hour.
 B: Why do they only see 1 person per hour.
 A: Well, they have a lot to do with each client.
 B: Are there any other reasons? (why else?)
 A: Well, they have a lot of down time between clients.
 B: Why do they have a lot of down time?
 A: Hm, they have some paperwork, and they take long breaks.
 B: Ah ha!

Person B, helping to identify a performance problem (long breaks), turns a hard-to-solve problem (people not coming back) into a performance problem they can attack. After each such problem is found, you should go back and start at the beginning again. In this case, you would go back and say "are there any *other* reasons people are not coming back?"

Specify the Performance in question

When defining desired and current performance, your major role is to describe the performance in observable, measurable indicators. These indicators are what we will use later to come back and determine project success. Good performance indicators are:

- ✓ State accomplishments or behavior of the performer
- ✓ Are observable
- ✓ Are measurable
- ✓ Can be agreed upon by independent observers
- ✓ Give a clear, unambiguous, yes-or-no answer to “did they or didn’t they”
- ✓ Are under the control of the performer

Poor Example	Problem/With Example	Better Example
The provider should show they care about the client.	Ambiguous—there are many views of how to show that one “cares.”	The provider lets the client finish all explanations, and does not interrupt.
The provider should spend adequate time with each client.	“Adequate” is open to many interpretations.	The provider spends at least 20 minutes with each client.
The provider should know the CPI protocol.	Not observable: we can not see what someone knows, only what they do.	The provider follows the 5 steps of the CPI protocol with every client.
The provider respects the privacy of each client.	Not observable, and ambiguous.	The provider should meet with every client in a place that allows conversations that cannot be overheard by anyone else.
The provider sees at least 5 clients every day.	Not under the control of the provider—what if only 3 come to the clinic?	The provider takes no longer than 15 minutes of break/documentation time between clients, when clients are in the waiting room.
There should be adequate supplies in the clinic.	Not the behavior or accomplishment of the provider. This might be a cause of a performance problem, but it is not a description of desired performance.	When available, the provider should give each OC client a 2-cycle supply.
The providers have inadequate community support.	Not the behavior or accomplishment of the provider. This might be a cause of a performance problem, but it is not a description of performance.	Providers have explicit mechanisms to solicit feedback about performance from community members; provider acts on feedback and communicates results.
The providers do not offer integrated RH services.	Ambiguous. No clear definition of “integrated.” Or, if there is a definition, it should be used in stead.	The providers offer the 5 minimum services listed in the clinic policy manual or they refer clients when the service is unavailable at their site.

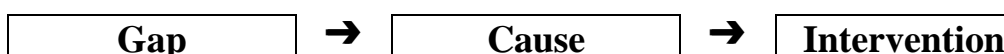
Step 3: Define Performance Gaps

Once you have described performance in observable and measurable terms, stating the gap is often a simple matter of arithmetic: just subtract the desired from the actual. Some examples appear in the table below.

Desired Performance	Actual Performance	Gap
All providers should offer all 5 FP methods available at our clinic.	Only 3 of the 10 providers regularly offer all 5 methods.	70% (7 out of 10) do not offer all 5 methods.
Providers should spend 8-10 minutes consulting with clients regarding their reason(s) for coming to the clinic (and reviewing the resolution of prior health concerns as noted on the client's chart) before starting procedures.	8 of 10 providers spend an average of less than 5 minutes with clients discussing current and past health concerns (some frequently do not consult the client's chart) prior to beginning procedures.	80% of providers are not performing at the desired level.

Step 4: Determine Root Causes of Gaps

Determining the root cause is an essential point of any PI investigation. Selecting the right intervention is 100% dependent on finding the root cause of the performance gap. Remember the relationship between performance and interventions:



We should only select interventions that will fix the cause of the gap. What if we select an intervention that does not fix the root cause of the gap? There will be no positive change in performance. For example, consider what happens if we give training, when lack of skills and knowledge are not the cause of a performance gap?

There are many very good root cause analysis tools. The 3 we will describe here are the why-why-why technique (as above), the Diagnosing Performance Problems table, and the fishbone diagram (known as the fish scale diagram in the Dominican Republic).

Root Cause Analysis Technique 1: Why-Why-Why Method

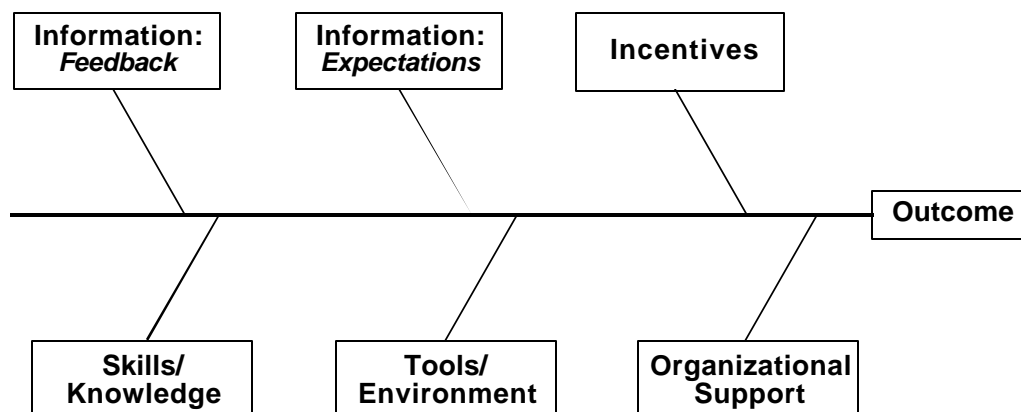
The why-why-why technique, described earlier as a means for getting clients to describe problems in relation to performance, can also be used to explore the root cause of gaps. Similar to the example described in step 1 (page 81), when exploring the root cause of a gap, those participating in the analysis must keep asking why until they have exhausted the possible reasons as to why the gap exists. There may be more than 1 reason for the gap so it is necessary to thoroughly explore all the possibilities and begin to consider which are most responsible for the gap.

Root Cause Analysis Technique 2: Diagnosing Performance Problems Table

The diagnosing performance problems table on page 91 describes another technique for determining the root cause of a performance problem. The table presents a set of questions organized around the 5 factors that contribute to performance problems: information (including expectations and performance feedback), tools and environment, incentives, skills and knowledge, and organizational support. The table also includes some examples of how you might go about fixing problems that are related to specific performance factors.

Root Cause Analysis Technique 3: Fishbone (cause and effect) Diagram

The fishbone diagram (so called due to its likeness to a fish skeleton) is also organized around the five factors that contribute to performance problems. The completed diagram graphically displays which factors are contributing to the performance gap (outcome). The diagram is completed by considering the major causes that may contribute to the performance gap and writing them under each factor. Sub-causes that need to be specifically addressed are also noted. A sample of a completed fishbone diagram can be found below.



State the Root Cause in Terms of the Related Performance Factor

After you've determined the root cause using one of the techniques described above, you should also be able to state the performance factor to which the root cause is related. The goal is to state the root cause as specifically as possible. Shown below are some examples of root causes and the related performance factor.

- Providers do not know they are supposed to spend a minimum of 10 minutes interviewing: Lack of clear job expectations
- Providers have no idea whether their clients are satisfied with their service:
No performance feedback
- The supervisor never acknowledges when providers do a good job or bad one:
No incentives for good performance
- Providers have no private areas in which to do counseling:
Inadequate work environment
- Providers have to perform every function themselves and have no time to spend with clients:
Inadequate organizational support
- Providers do not know how to recommend the best FP method (based on client interview):
Lack of skills and knowledge

Step 5: Propose Interventions

When you have found the root cause of the performance problem, and you've stated it in terms of its factor, the intervention will become obvious. The table below provides some possible interventions.

Performance Root Cause	Possible Intervention
Lack of Information—no clear job	Let performers know what is expected of them:

expectations	<ul style="list-style-type: none"> • Job descriptions • Written protocols • Norms for the job • Clear verbal statement of expectations
Lack of information—no clear immediate performance feedback	<p>Provide clear feedback on work performance, as soon as possible after the performance, for example:</p> <ul style="list-style-type: none"> • Regularly post client satisfaction data • Provide information about adherence to a CPI checklist • Verbally tell a provider how they're doing compared to what's expected of them
Poor work environment or tools	<p>Provide the tools, environment, and supplies necessary to do the job, for example:</p> <ul style="list-style-type: none"> • Enough light • Private space to do counseling
Lack of incentives for doing good work	<p>Provide incentives contingent upon performing up to standard. For example:</p> <ul style="list-style-type: none"> • Verbal “good job” for good performance • Access to training or other development activity • Employee of the week award • Public recognition in newsletter, newspaper • Notation on employment record
Lack of organizational support	<p>Provide organizational support, which may require any of the following:</p> <ul style="list-style-type: none"> • Supportive supervision that makes sure all the other performance factors are in place • Re-writing mission statements • Restructuring of the organization • Restructuring of the reporting relationship
Lack of skills and knowledge	<p>Provide training/learning activities/opportunities for example:</p> <ul style="list-style-type: none"> • Job aids • Instructional manuals • Self-study modules • On-the-job Training • Peer training • Workshops • Classroom training

Step 6: Perform Cost/Benefit Analysis of Interventions

By the time you have defined desired and actual performance, defined all the performance gaps, determined all the causes of each gap, and brainstormed interventions for each cause, you may have quite a list of interventions for each gap. You probably need a way to prioritize what interventions you should work on. Performing a very simple cost/benefit analysis can help you prioritize. Your aim here is not to have an accountant-and-lawyer-proof, perfect mathematical justification for your course of action; rather, you're trying to give the decision-maker(s) some rough information on costs and benefits that can help you decide what to work on first. Construct a table with the following columns:

- Intervention
- Cost: a group rating from 1-10 on the financial, technical, and political cost of implementing the intervention
- Benefit: a group rating from 1-10 of the benefit of the intervention, i.e., how well would it close the gap
- CBA ratio: a simple arithmetic expression of the benefit, divided by the cost. (The higher the outcome the better—the perfect situation would have high benefit with very low cost)

An example of a simple cost/benefit table appears below.

Intervention	Cost	Benefit	Ratio
Training	7	10	1.45
Recognition for treating clients humanistically (non-monetary)	4	8	2
Dissemination of the expectation of providers for how to treat clients	4	9	2.25
Development and dissemination of norms for how to treat clients	4	10	2.5
Feedback from clients to providers	2	8	4
Feedback from supervisors to providers	3	8	2.67
Revision of schedules to match # of clients with # of providers	3	6	2

Performance Improvement Specification—Example

Desired Performance	Current Performance	Performance Gaps	Root Cause(s)	Intervention(s)	Cost/Benefit Estimates
Providers will counsel 90% of all eligible clients who appear at the clinic for any reason.	Providers counsel 37% of eligible clients who appear at the clinic.	53% of clients.	Lack of incentives to counsel. (These private-practice providers receive financial reimbursement for selling medicines and products, not for counseling. Thus, when giving away free government supplies, they receive no fees.)	<ul style="list-style-type: none"> • Arrange for providers to be able to buy for-profit CSM RH supplies from the same distributors that they already use to obtain other medicines • During training, teach providers how to market and sell commercial RH supplies 	<p>Cost: 3 Benefit: 10 Index: 3.3</p> <p>Cost: 5 Benefit: 7 Index: 1.4</p>

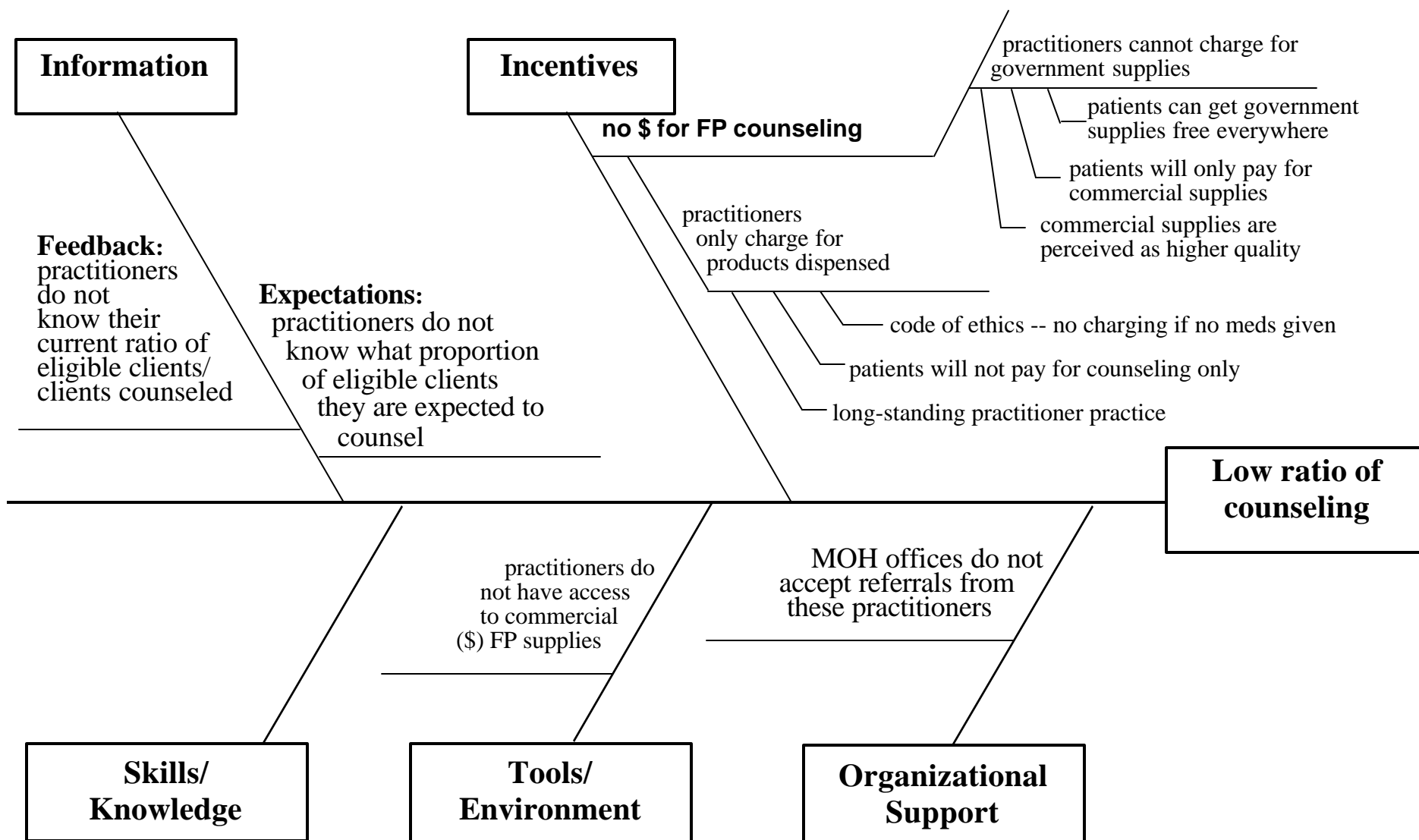
Diagnosing Performance Problems: What to look at first

It is true that some problems seem to crop up more often, and that some problems are easier, quicker, and cheaper to fix. Based on research and experience in PIA, when diagnosing performance problems, or specifying new performance, consider these factors in this order, fixing as you go.

Factor	Questions to ask	Example—Factor in Place	Example—Factor not in Place
Information: Expectations	<ul style="list-style-type: none"> Do people know what is expected of them? In exact, unambiguous, did-or-didn't, cannot-argue-about-it language? Do they know the 5 W's/2 H's (who, what, when, where, why, how, how-much) of your expectations? Can they tell doing it right from doing it wrong? Can the people repeat back to you your expectations, and have you say "that is right!" 	Specific procedures are made known to providers: "When covering methods with clients, discuss at least 4 methods available at our clinic."	Providers are told to "Deliver high-quality client care."
Information: Feedback	<ul style="list-style-type: none"> Do they know how well they are doing against the expectations you have set? Is the information accurate (and would everyone agree it is)? Is the feedback understandable to them? Is the feedback tied to something over which they have control (i.e., their own performance)? 	Provider receives feedback: <ul style="list-style-type: none"> "You discussed at least 4 available methods with your clients 90% of the time" "Your customer satisfaction survey ratings are at 98%" 	Providers are told: <ul style="list-style-type: none"> "I think you need to improve your attitude with your clients" "Your clients don't seem to like coming to see you"
Tools/ Environment	<ul style="list-style-type: none"> Do people have all the items they need to do their job? Are there better tools available to you? Is the environment helping or hindering getting the performance you want? Is there a specific link between the performance and the items that come to mind? 	Providers have access to a private spaces that is equipped with samples of all 6 methods available at our clinic and the appropriate patient education materials.	Samples are locked in the store room so no one will steal them (inaccessible to the providers and clients).
Incentives	<ul style="list-style-type: none"> If they do it right, does the job get a lot harder (disincentive)? If they do it right, does anything improve? If both are true, is the "balance" in favor of doing it right? If they do it right (or wrong), does anyone notice? Are incentives contingent on the performance? 	When the supervisor observes the provider covering at least 4 methods with a client, the client receives feedback and the manager says "thank you--good job."	When the provider covers at least 4 methods with a client, nobody notices, and the provider has to work overtime because of taking longer with each person.
Organizational Support	<ul style="list-style-type: none"> Are the organizational systems conducive to good performance? Does adherence to policies and procedures allow good performance? Do on-site supervisors support effective provider behavior (through modeling, counseling, etc.)? Is there an organization mission and/or clinic goal known by all? Do all parts of the organization work toward the same goals? 	Providers are scheduled so that more are present at peak client load times.	There are times when providers have no clients to see, and times when the line for services becomes so long that clients leave.
Skills and Knowledge	<ul style="list-style-type: none"> Could they do it right for \$1m? (If so, they already have the skills and knowledge—do not train) Does the exemplary performer have a "secret trick" that no one else knows? 	The providers know all 6 methods available at our clinic.	The provider only knows 3 of the available methods.

Fishbone (cause and effect) Diagram ¾ Example

Some people may prefer the visual feedback that a cause and effect diagram offers. In this case, you will be examining the many causes responsible for the performance gap (outcome). As you consider the performance factors you may ask many of the same questions described in the 5 Questions table (technique #2). As causes are uncovered, note them according to the related performance factor. If there are related sub-causes, be sure to note them as well.



Data Gathering Methods

Method	Description	Tips
Interviews with: - Exemplars - Workers	Interviews are conducted 1 on 1 or with a small group (the smaller, the better so that everyone has a chance to contribute fully). Interviews can be used throughout the data gathering process, but they are perhaps most useful during the performance analysis stage when you are trying to determine what the real performance deficiency is. Although the process is time consuming, it is useful because you can gather specific information and can ask follow-on questions to get more detail on items of particular interest.	<ol style="list-style-type: none"> 1. Write down your questions before the interview and give them to the person(s) being interviewed, if possible 2. Decide beforehand how you want to document the information you gather 3. Consider videotaping the interview so that you have a record to refer to later 4. Put the persons being interviewed at ease by telling them the purpose of the interview and how you will use what they tell you. 5. When appropriate, assure them that what they say will be kept confidential
Panels of Experts	Panels of experts are used to get the collective observations and opinions of the "best of the breed." They are particularly useful when there is not 1 correct solution or procedure (e.g., conducting a goal analysis).	<ol style="list-style-type: none"> 1. Make sure that each participant is truly an expert 2. Let participants know well in advance what you expect of them, and give them time to prepare 3. Focus the discussion on the topic at hand and keep participants on track 4. Give the same considerations to documentation as with interviews
Observations	Directly observing work being performed is often an excellent means of gathering data. It is a direct application of the adage, "A picture is worth 1,000 words." Observations are usually done in conjunction with another data gathering method that is used to fill in the gaps and answer questions.	<ol style="list-style-type: none"> 1. Make sure to arrange your observations well in advance and get permission from management 2. Let workers know why you are observing them 3. If possible, have an expert with you who can tell you what to look for 4. Videotaping observation sessions works well if it is permitted
Surveys - Formal - Informal	Surveys are used when you want to gather data from a large number of people and when it is impractical to meet them all face to face. Surveys can be both formal (where the results are subject to statistical reliability and validity) and informal (where results are anecdotal). In the developing world reproductive health context, there are relatively few commercially designed instruments. Although PRIME might be able to design some generic survey instruments, the unique problems and country differences might limit the usefulness of these instruments. Clearly it is expensive to design a survey for 1 performance improvement effort, so, while we include surveys in this table, we are not optimistic about their applicability (except on a small, informal basis).	<ol style="list-style-type: none"> 1. Decide up front if you need to base your conclusions on statistically valid and reliable data. If so, consult an expert to help determine your sample group, method of data collection, and how you will compute your results 2. It is best to use commercially designed instruments, if they are available. They save development time, and they have been tested to ensure that they work 3. If you must design your own survey, make sure you try it out on a sample group from the target population
Reviews of Performance Data	Almost all organizations maintain systems of records. They may include data about time and attendance, rates of production, and cost of goods sold. A review of some of these records can provide valuable information that can both substantiate the performance deficiencies under consideration and lead to potential causes of them. In the contexts in which PRIME operates, a challenge will be to determine which data are relevant and whether the quality of the data is adequate.	<ol style="list-style-type: none"> 1. Make sure you understand how the data was collected and what it says and does not say 2. Make sure that the data you have is current. Outdated data can be more harmful than no data at all 3. It is important that you comply with any restrictions your client puts on your use of their data. Unauthorized use of confidential data can be both harmful to the organization and illegal

Question Library

Questions That Will Help Identify Performance Gaps

When asked questions about ideal performance, respondents often compare ideal to current performance levels. In many instances, the PI leader can economize by asking questions about both desired and current performance to the same respondent or group of respondents. Or the PI leader can ask to observe typical providers as well as exemplars during the same trip. The areas of inquiry or questions about present performance might be as follows (this interview protocol assumes the PI leader is asking questions about desired or ideal performance as well as “typical” performance):

- If you could picture in your mind perfect performance by a provider:
 - What would it look like?
 - What would they be doing?
 - What would their work output be? (quantity, quality, and cost)
 - What major job outputs would we see?
- Since not everyone can be that perfect provider you just described, along the lines you described above, what performance do you think is reasonable to expect?
- Now, along those same lines, describe typical provider performance
- About what percentage of the providers we are discussing perform at the desired level?
- What percentages are at the more “typical” level that you are describing?
- What is the result(s) of unsatisfactory performance? What impact is that having on your organization? [The “so what?” question]

Questions about possible root causes

1a. Information: Job expectations

- Do people know what is expected of them at work?
- If we asked people what is expected of them, would they be able to tell us?
- Do they have clearly written job descriptions that really describe what we want them to do?
- How do staff at the provider level set goals for work? How much are they involved in the process?

1b. Information: Performance Feedback

- How do people know how they are performing, compared to the set standard?
- Does anyone give the workers feedback on their performance? In writing? Verbally?
- If you asked one of the workers how they are doing compared to what the organization wants, would they know? How would they know?
- How is the accomplishment of goals measured and acknowledged?

2. Environment and Tools

Either observe or ask questions to find out about:

- Electricity/light source, heat source
- Water source
- Space, space for privacy

- Furniture, storage, equipment, supplies
- Vehicles
- Maintenance system
- Re-supply system

3. Motivation and incentives

- If people do a good job, what happens? Anything? Does their work life get better or worse somehow?
- If people do not do the work the way it should be done, what happens?
- How do people get recognition for their work?
- How/when are incentives/rewards given?
- What opportunities exist for career development or promotions?
- What are the procedures/criteria applied to make decisions about rewarding providers?
- What are the different existing mechanisms (beyond salary) to recognize good staff performance?
- What are providers' perceptions about the existing incentive systems? (e.g., knowledge of such systems, level of satisfaction, do they provide incentives for the desired behavior?)

4. Organizational Support

- How is the organization structured? How does the structure help people get work done? How does it get in the way?
- How well do providers understand service delivery goals? Are strategies developed and communicated to achieve service delivery goals? Is there alignment between provider performance, service delivery goals, and strategies to achieve the goals? Does the strategy actually lead to the fulfillment of the goals?
- How are decisions made? Who makes them? How well does the decision-making process appear to work? How much input do people closest to the work have in making decisions? How decentralized is the decision making? Who can make decisions about spending money? Who else is involved? How does this affect provider-client services delivery?
- How is quality determined and measured?
- Who makes decisions about budget items? Do you have adequate input into budget decisions to influence them in ways that will help you get your work done?
- Are there any organizational processes that hinder effective work (e.g., a complicated clearance process that delays key supplies or tools or decisions needlessly, an entry process for clients that treats them badly and takes a long time)?
- What kinds of meetings are there? Who attends? How do the meeting results contribute to work agendas?
- How clear are roles defined? Yours? Others'?
- How would you and your colleagues describe the ideal CPI?
- What is the ideal work relationship within the work unit being analyzed? What is it really like?

- What work needs to get done? Who does it? Is it clear who is supposed to do what?
- What do you need from a supervisor? Are you getting it?
- How open are people to suggestions?
- How are problems solved? (Ask for examples)

5. Skills & Knowledge

- Do providers know *how* to do their job?
- Could they do their job correctly if you offered them \$1m to do so? {If the answer is yes, then they know how, and it is not a skill and knowledge issue}
- What kind of prior training have you had that relates to how well you do your job? Was that training effective?
- Were you able to apply what you learned in the training program? Why or why not?
- What could future training do to fill in skill and knowledge gaps?
- What is the in-service training policy? Does it actually work as described? How well does it work in keeping you up-to-date with the skills and knowledge you need to do your job?

Remember, training will only fix a skills and knowledge gap, which is a lack of know-how. So, if workers already know how, training them some more will not help.

PRIME's Performance Improvement Approach
Source Document
Stage 3—
Design and Development of Interventions

Stage 3—Design and Development of Interventions

Purpose

The purpose of Stage 3—Design and Development of Interventions—is to define and create interventions that will close the performance gaps defined during Stage 2 (Performance Needs Assessment). PI interventions have the following characteristics (Spitzer, 1992):

- Results-oriented, or designed to meet measurable needs
- Comprehensive, or designed to solve the whole and not part of the problem
- Systemic, or integrated into the organization and not stand-alone initiatives
- Cost-effective, or designed to save more than they cost

Performance improvement interventions can take the form of any organizational change (Spitzer, 1992) and may range from a relatively small change, such as a decision to reallocate certain tasks, to a completely new organizational structure.

Output

The output of Stage 3 is the PI interventions, ready for implementation. An enabling output is the completed and signed intervention design document(s).

Steps

Intervention design is a conceptual (planning) process. Some PI interventions—such as strategic planning or an organizational culture change—may require the design of organizational processes. Other interventions may involve development of physical materials, such as job aids, guidelines, curricula, job descriptions, work process maps, certificates, badges, forms, measurement instruments, etc. necessary to carry out the design. Often, the development steps overlap the last steps in the design process so that the whole process is not quite as linear as will be described. Guiding principles for effective design of performance improvement interventions are found in the Stage 3 Toolkit.

The design and development of PI interventions involve the following steps that are overseen by the PI Leader, working in collaboration with the key client contact, other project stakeholders, and the design and implementation teams. The PI leader will combine steps as the situation permits. Also, we need to stress that interventions always need to be tied closely to the PNA data, especially the root causes and the gaps. Each step described below needs to be measured against how likely it will close the gaps.

Step 1: Organize and facilitate a design team planning meeting

- **Goal:** Bring together a team with all the members necessary to design and develop all the interventions and gain common understanding of project direction
- **Output:** All team members will share common awareness of project goals and how the specific interventions link to those goals

Stage 3—Design and Development of Interventions

Because PI interventions can be complex, the PI leader should identify a multi-skilled design team and bring them together for a briefing and planning meeting on the project. On projects where interventions are widely separated by time and/or space, large group meetings may not be possible. In these cases, it is the task of the PI leader to keep everyone informed via phone, fax, or e-mail. The design team should include, at a minimum:

- Intervention specialist(s)
- The key client
- Other client representatives
- Representatives of the groups targeted for the intervention

Provisions should be made to brief team members who may join the team at different times.

A job aid and sample agenda for a team planning meeting appear in the Stage 3 Toolkit.

At the end of the large group planning meeting, if there are multiple interventions, each type of intervention may require the formulation of a smaller team to work semi-independently.

Step 2: Identify the requirements of each intervention

- **Goal:** Identify, for each intervention, the expectations and requirements
- **Output:** Completed “requirements” portion of the individual intervention plan. The requirements include:
 - What results are expected from the PI intervention?
 - What type of process is expected to take place in the PI intervention (i. e., how are results to be achieved, which may include strategy statements or interpersonal processes)?
 - What is the expected time frame for implementation and for achieving measurable results?
 - What resources are needed (human, financial, material)?

In Step 2, each individual intervention team (e.g., the training design team, the logistics consultant, etc.) analyzes the intervention requirements, and the expectations of the organizational constituencies (such as the client, upper and mid-level managers, targets, and beneficiaries) regarding the change the intervention must produce if it is to be considered successful.

Step 3: Identify elements of each intervention:

- **Goal:** Specify the elements that will fulfill each requirement
- **Output:** Completed “elements” portion of the individual intervention plan

Based on the requirements identified in Step 2, the design team outlines the elements (or component activities) involved in the chosen intervention. Addressing the highest priority requirements, the team selects the specific intervention elements that will most cost-effectively close the performance gap. Elements may be outlined or shown schematically to depict relationships between the elements of the interventions. The relationships among interventions will also be examined by each team.

Step 4: Define the specifications for the elements of each intervention

- **Goal:** Complete a detailed definition for each intervention and intervention element
- **Output:** Completed “specifications” portion of the individual intervention plan

Specifications are the details about each element of the intervention and form the basis for planning. Specifications communicate to the design/development team exactly what needs to be developed; and to project management, the scope of the PI undertaking.

Step 5: Prepare a materials development work plan for each intervention

- **Goal:** Create a materials development plan
- **Output:** Completed “materials development plan” portion of the individual intervention plan

If development involves a major materials development effort (e.g., a distributed self-instruction system), prepare a detailed plan that identifies materials development tasks, schedule and resources needed. If more than 1 intervention is part of the overall plan, specify when each intervention will be introduced, in order to have maximum positive effect and not to confound other interventions. *(Note: In PRIME, Legislative and Public Affairs (LPA) approval should be sought at USAID/W for planned materials costs over \$25,000. Consultation on this and on other criteria should be sought from the PRIME/CH Communications Unit).*

Step 6: Document and get approval for the design

- **Goal:** Share the intervention plan with key client and other decision-makers and get their signed approval
- **Output:** Approved intervention project plan

Formalize the intervention project plan in a concise printed document that is agreeable to all small team members. Use this document as the basis for discussions with the key client, the PI leader, and the larger intervention team. Make certain the proposed intervention plan is consistent with other interaction plans and continues to address root causes. Additionally, the design should include the plan for evaluating the

Using appropriate memos, solicit input and reactions to proposed interactions from the client, stakeholders and performers/users at the end of the PNA or during the design phase to elicit opinions about the feasibility or acceptability of proposed interventions.

Have intervention specialists review and critique the PI intervention work plan for adequacy, feasibility, appropriateness to the context. Compare your PI project work plan to any other available exemplary PI project work plans.

Also discuss any concerns about budget allocations, sequencing and time frames with the client and stakeholders, and revise as necessary.

Step 7: Develop and test a prototype of the intervention

- **Goal:** Acquire real-world information about whether the intended interventions are likely to succeed
- **Output:** Data from prototype testing, revised work plan

The nature and extent of testing will depend on the stakes involved, the type of intervention and the time and resources available. For example, a strategic planning intervention, once designed, would not be tested. If an intervention requires major production or management effort, or significant costs, then the development team should produce and test a prototype version of the intervention and/or materials before moving to final production and implementation. Testing includes reviews with users, clients and subject matter experts, or actual trials with members of the target audience in the environment in which it will be used. Major weaknesses in the intervention or materials may be revealed and corrected at this stage, so some form of assessment or testing is important. Testing will provide the feedback necessary to make revisions before final production. Based on the test data and feedback, revise the work plan as necessary.

Step 8: Produce the final version of the interventions

- **Goal:** Finalize the interventions so they are ready to introduce in the field
- **Output:** Interventions ready to introduce in the field

At this point, the final version of the intervention and/or materials are packaged and prepared for implementation. Once the interventions are developed, the PI leader, selected members of the design/development team, and designated implementors will apply and monitor the PI interventions. As stated previously, where interventions are separated by time and/or space, the interventions may be packaged and ready at different times. For example, an early intervention may be implemented, while a much later intervention is still in the planning stages.

When the interventions are ready to introduce in the field, you are ready to move to Stage 4.

Detailed Explanation

The third stage in the PRIME PIA is design and development of interventions. By the end of the PNA, the PI team has a clear description of desired performance and performance needs, as well as an understanding of the causes of performance problems. With a clear description of performance needs, the PI team has also begun to identify possible interventions to meet those needs (see Stage 2, Performance Needs Assessment). Designing the appropriate interventions begins in earnest only after the PNA stage is completed.

Important issues to consider during this stage are:

- What kinds of intervention specialists are needed to design the interventions and when should they be brought in?
- What is the role of the PI leader in this phase and how does (s)he work with the client and design team members?
- How can clients and targets or beneficiaries of the intervention(s) be involved to allow significant input?
- To what extent can implementors and implementation planning be integrated into the design stage?
- What kind of pilot-testing of interventions is needed and what is possible?

The Role of PI Leader in Intervention Design and Development

As a generalist, the PI leader must be *familiar* with the nature and purpose of a wide range of interventions and must be able to provide clients and stakeholders with intervention options that cost-effectively address performance gaps. The PI leader should bring specialists with knowledge and experience in the design and implementation of PI interventions into the design/development team on an as-needed basis.

When working with an organization that does not have strong intervention design/development capacity, the responsibilities of the PI leader in this stage are to collaborate with an internal PI project counterpart, PRIME partner, or other CAs to:

- Provide a broad perspective of PI project aims and objectives to the design/development team, the client and others with a stake in the project
- Ensure the right people are on the design/development team
- Assure that the perspectives of the client, primary intervention targets/users and the beneficiaries are represented in intervention design/development
- Make sure that sufficient, up-to-date information about PI needs is available to the design/development team
- When the design stage involves a variety of interventions, assure that all interventions are sequenced and integrated so they generate maximum impact on performance with minimum negative consequences, inefficiency and conflict

Stage 3—Design and Development of Interventions

- Create opportunities for designers and implementers to discuss design and implementation issues at various points before the design/development stage is over
- Work with design and implementation teams to monitor the progress of design/development and implementation planning activities, including perhaps a formal progress review

Analyzing the Context of the PI Intervention Design and Development

Many design, development and implementation pitfalls can be avoided by asking strategic questions about the economic, political or cultural context in which the intervention is to take place, either during the PNA, or early in the design phase. For example:

- Is there a clear need for the intervention/project?
- Who is the client and/or advocate for the intervention/project?
- What are the expectations and commitment of the client and/or advocate with regard to the intervention/project?
- How much will the improved performance be valued by the client and stakeholders? To what extent will the performance to be improved make a difference in achieving organizational results?
- What other stakeholders (groups or individuals who have a stake in the success of the project or who might be affected by the intervention) have an interest in the intervention(s) and what are their expectations?
- What is the scope and time frame of the intervention/project and is the time available adequate for design/development, implementation and evaluation?
- Have similar interventions/projects been implemented in this organization and what were the results?
- What sources of support (financial, political) exist for the project? Support for change in general?
- What other economic, cultural or political constraints/factors may affect the success of this intervention?

Guidelines for the Design of Effective Interventions

The design/development team should consult this list of design principles to assure sound PI intervention design:

- Target your interventions to address root causes and close key gaps
- Focus interventions on improving systems, not just individuals
- Build on the PNA work to find or continue to work with advocates or sponsors for the intervention(s) at a reasonably high level in the organization so that the intervention may be assured resources and support in the future
- Design the intervention with a team of specialists who have in-depth knowledge of the intervention and/or content area. If the intervention is multi-faceted or comprehensive, bring

together a team of experts from a variety of disciplines. Also, involve a representative sample from the groups impacted by the intervention (e.g., intervention targets/users such as trainers or supervisors; or beneficiaries such as service providers)

- Create reasonable time frames, taking into consideration common delays
- Be aware of the human and financial costs of the design, development and implementation of the intervention, making sure that an intervention's costs and other resource needs are sustainable over time. Try to find the least costly way of meeting priority design expectations and requirements (e.g., not all interventions must be designed from scratch)
- Design interventions based on updated information about design requirements: what do constituencies at several levels (e.g., program managers, supervisors, workers) expect to happen during or as a result of a successful intervention? For example, what results, processes, resources and time frame are expected/required by workers as well as program managers? Design requirements should be pared down to what is needed and what is feasible, but because requirements are negotiable, make sure you maintain and address those with highest organizational priority (Spitzer, 1992)
- Apply simple solutions when they are feasible and will likely achieve a desired result since this might be inexpensive and could provide a sense of progress being made (e.g., to get a team performing to expectation it may be most effective to remove a member, or reassign a task from a worker who is having difficulty executing it)
- Design interventions that are sustainable: make sure there are resources, advocacy and other mechanisms for maintaining, managing, training for and renewing the interventions over time (e.g., a simple solution to get RH service providers to stay at work all day might be to raise salaries, but there may be insufficient resources over the long term to sustain the intervention)
- Avoid solutions focused on symptoms
- Design interventions with the costs of development and implementation in mind (Spitzer, 1992)
- Implementation planning should be a key concern of designers
- Make provisions for getting reactions to the proposed PI objectives and intervention(s) from managers, workers or others impacted by the intervention and from outside experts before moving into the development and pilot phase

Descriptions of Interventions Applicable to PRIME

The following are short descriptions of PI intervention types that may be applied singly or in combination in PRIME projects. They have been categorized according to performance factors addressed by the intervention, as follows:

- **Information:** Work and role expectations and performance feedback. Performers should know what is expected of them, and how they are doing compared to that standard

- **Motivation/Incentives:** Processes or systems that encourage or discourage performance (e.g., rewards, negative consequences, praise, recognition programs)
- **Environment and Tools:** The material conditions of work, including facilities, supplies, materials, tools necessary to get work done and achieve results (e.g., contraceptives, lamps, curricula, private meeting rooms)
- **Organizational Support:** Variables in the organization that influence workforce performance including: management systems, organizational mission, strategy, and goals; provisions made to manage performance and measure results; organizational culture and values; and the organizational structure, processes, and roles delineated to accomplish objectives
- **Knowledge and Skills:** The know-how or competencies necessary to do a job

Each intervention type is described in more detail below.

Information

- Clear job expectations that specify in observable and measurable terms what the person should do. Expectations should be written or verbalized so there can be little room for interpretation of whether or not the performer met them
- Clear, accurate, and immediate feedback about performance as compared to the expectations

Example: A common type of PRIME expectation setting is the development and dissemination of national FP/RH service policy, standards and protocols to guide service delivery and training. These communicate sectoral or organizational expectations regarding: the types, quantity, and quality of RH services and products to be offered; compensation and certification related to those services; deployment of resources necessary to deliver services/products; and the performance (activities, procedures, tasks) associated with delivering those services and products.

Motivation/Incentives Systems

Incentive systems are ones that provide rewards contingent upon high levels of performance. Note that what motivates one person may not work for another. Also note that money is not necessarily a good motivator, and other, less-expensive incentives should be considered first. Some examples of incentives:

- Public recognition systems for consistently high levels of performance
- Praise by supervisors
- Certificates of achievement
- Access to better work hours or preferred office locations
- Temporary use of “luxury” office items like the office radio
- Public posting of high performance data
- Letter of commendation in worker’s file
- Opportunities for leadership, promotion, or other career advancement
- Increased autonomy
- Paid membership in a professional organization

The intervention specialist will also want to make sure there are no disincentives for good performance. Sometimes, when people perform the way we want, their jobs get harder. Sometimes other employees make fun of a top performer. You should remove any barriers that provide disincentives.

Finally, there should be consequences for poor performance (the “so what” factor). There should be clear systems set up so consistently poor performance meets with some consequences.

Organizational Support

Included in this category are interventions that target the organization as a source of worker PI, including:

- Changing the organizational structure
- Developing a team-based work environment (i.e., teambuilding for self-managed teams whose members take responsibility for task performance and results)
- Management or leadership development
- Clarifying the organization's directions so providers understand where the clinic is going and how they contribute
- Changing the organizational culture (e.g., values, beliefs, and behaviors of staff)
- Re-design of work processes
- Performance management and appraisal

Example: Culture change in a PRIME project might involve values clarification for RH service providers around counseling postabortion care clients; or strengthening between divisions, units and organizations involved in training FP/RH service providers, to collaborate to produce high quality training.

Environment

Included in this category of environmental support interventions are those designed to address the material resources and conditions necessary to perform work effectively. Examples of interventions include:

- Provision of tools, forms, supplies and equipment (e.g., contraceptive commodities, guidelines that support worker performance)
- Ergonomics or attention to various dimensions of the work space (e.g., safety, privacy, security, convenience, and adequacy of furniture)

Knowledge and Skills

- **Performance-based training (including competency-based training):** Performance-based training is a systematic approach to job training in which a worker gains the necessary knowledge and skills to execute tasks. The tasks should be used to produce desired accomplishments in his/her work setting and contribute to achievement of organizational goals. Methods include:
 - Simulations/demonstrations
 - Problem-solving exercises
 - Guided practice
 - Transfer-of-learning contracts
 - Follow-up support to link individual performance to work processes and organizational goals

Examples: PRIME performance-based training may be organized for groups away from the job (e.g., classroom training); on the job on an individual basis (e.g., self-directed learning); or on the job with face-to-face interaction with a supervisor or peer (e.g., structured OJT)

- **Coaching:** A face-to-face performance management approach used to address specific issues or problems related to an individual's performance. Coaching may include problem-solving but often includes increasing worker knowledge or skills in the performance of a specific job/task (Kirkpatrick, 1982)
- **Job Aids:** Anything that explains or reminds a worker how to perform a task, usually at the time they are performing the task. Job aids are designed to address a lack of skill and/or knowledge. Job aids are often used when it is deemed unnecessary for the provider to commit the information to memory (as through training). However, job aids may be introduced during training for future reference and compiled in resource documents such as procedures manuals, decision trees, checklists, electronic performance support systems, etc. Job aids are especially useful to help workers remember a series of steps in a task, or a series of tasks

Example: CBD supervisors' protocols that contain steps related to the supervisory process as well as information related to non-clinical FP service delivery

Questions and Methods for Evaluating the Design

Asking good evaluative questions throughout the design/development stage for the purpose of monitoring processes and products will increase the likelihood of obtaining the highest level of organizational participation, as well as the highest quality output possible (i.e., appropriate, acceptable, effective and sufficient interventions ready to be implemented). The following questions should be asked at checkpoints along the way.

Important design/development stage questions include:

- Is there any 1 intervention that must be done, without which others will not matter?
- Have the correct, appropriate, and sufficient intervention methods, tools, and other supports been identified to close the performance gaps?
- How likely is it that the organization will actually provide the necessary resources when needed?
- To what extent have senior and mid-level managers agreed to and supported the proposed PI objectives and interventions?
- How politically or economically feasible will the PI plan be over time?
- How well is sustainability built into the PI project design (e.g., money, human resources)?
- How compatible are the PI interventions with organizational culture?
- To what extent have the intervention's target groups and beneficiaries agreed with the PI objectives and proposed interventions? To what extent have they had input into the design of PI methods, tools and implementation schedules?
- Have target or beneficiary group needs, expectations and work conditions been sufficiently addressed before proceeding with development of PI interventions?
- Have all the tasks/sub-tasks related to intervention design been carried out as planned?
- Was there a value added by conducting pre- and field-tests of the intervention? How well did these processes work and with what results?
- Have the costs for development (including prototype testing) of PI methods, tools and aids been budgeted? Did the development process stay within budget?
- What system was designed or is in place to help workers, supervisors or upper-managers track changes related to the PI intervention (i.e., an evaluation plan with process and results indicators)?

Stage 3 Toolkit

Contents

- Design/Development Large-Team Meeting—Job Aid
- Design/Development Large-Team Meeting—Sample Agenda
- Overall Design Document—Job Aid
- Overall Design Document—Job Aid
- Specific Intervention Design Document—Job Aid
- Specific Intervention Design Document—Examples

Design/Development Team Meeting—Job Aid

During the design and development team planning meeting it is important to:

- Discuss with the design team the results and recommendations of the PNA (including desired performance at various levels of the organization, causes of the performance problems and the interventions identified to address the performance problems)
- Remind the design team that PI interventions constitute or involve behavioral or organizational changes to which people must adapt, so that design discussions should include questions such as: How will key people (intervention targets and beneficiaries) react to the change? What needs to happen to prepare people for change? What must we do now to assure smooth adoption and maintenance of desired changes? (Note: These issues are discussed again in Chapter 4, “Implementation of PI Interventions and Management of Change)
- Clarify and update expectations about the time frame and targets of the PI project, what is really expected in terms of outcomes, and what resources and support are available. This can be dealt with in general in the first meeting and then in a more systematic, in-depth manner when discussing design requirements

If these issues were not considered in earlier stages, it would be useful to conduct an analysis of the context in which the PI project or intervention is to take place. Often, the PNA data can shed light on the project context so the design team is not necessarily required to do a great deal more data gathering.

Design/Development Team Meeting—Sample Agenda

- Introduction—goals and agenda of this meeting
- Introductions of team members
 - Name
 - Organization
 - Area of expertise, or skill(s) they bring to the team
- Presentation of the PNA data
- Short (!) project review
- List of gaps, prioritized in importance and likelihood of closure
- Early theories about interventions to close gaps
- Gap-by-gap analysis
- Brainstorming for possible interventions
- Analysis of interventions on the list
- Selection of worthy interventions
- Intervention cost/benefit analysis—probable intervention list
- Formation of teams to work on individual interventions
- Assignments to small teams—agreements on deadlines
- Next large-group meeting date/time

Overall Design Document—Job Aid

Use this table or one like it to specify the elements in the overall intervention design. The information in the table is also useful to help explain the design to the project decision-makers.

Gap/Cause	Intervention Selected	Small-group Team members	Testing procedure	Due Date
<p>Explanation:</p> <p>Write the gap, as stated in the PNA (Stage 2) report. Remember that gaps must be specified in measurable indicators. The gap is often expressed in terms of the desired vs. actual performance.</p> <p>Secondly, write the cause of the gap, as discovered in Stage 2.</p>	<p>Write the type of intervention selected.</p>	<p>List the members on the intervention team, by name.</p>	<p>Write how the intervention will be tested to make sure it works. Use only general terms, as each small group will come up with specific testing plans.</p>	<p>Write when the intervention will be completed.</p>
<p>Example:</p> <ul style="list-style-type: none"> Desired performance: Ask questions about the contraindicators for COCs each time they counsel about COCs (100% of the time) Actual Performance: When counseling about COCs, providers only ask about contraindicators 45% of the time Gap: 55% of providers do not question about the contraindicators for COCs each time they counsel about COCs Cause: Lack of information in the form of clear expectations about questioning for contraindicators every single time 	<p>Example:</p> <p>Information—provide expectations.</p>	<p>Example:</p> <ul style="list-style-type: none"> Content expert Supervisor 	<p>Example:</p> <p>Test the intervention on selected target population members. Question them to determine whether they now can restate the expectations.</p>	<p>Example:</p> <p>02/15/99</p>

Overall Design Document—Job Aid

Use this table or one like it to specify the elements in the overall intervention design. The information in the table is also useful to help explain the design to the project decision-makers.

Gap/Cause	Intervention Selected	Small-group Team members	Testing procedure	Due Date

Specific Intervention Design Document—Job Aid

Use this table or one like it to specify the elements in your intervention design and explain it to the larger group.

Gap/Cause	Requirement	Element	Specification	Due
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				Date
<p>Explanation:</p> <p>Write the gap, as stated in the PNA (Stage 2) report. Remember that gaps must be specified in measurable indicators. The gap is often expressed in terms of the desired vs. actual performance.</p> <p>Secondly, write the cause of the gap, as discovered in Stage 2.</p>	<p>Write a requirement that the intervention should accomplish in order to close the gap.</p>	<p>Write 1 element of the intervention that will meet the requirement in the third column.</p>	<p>Write the objective, or how we will know that the intervention element is successful.</p>	<p>Write when the intervention will be completed.</p>
<p>Example:</p> <ul style="list-style-type: none"> Desired performance: providers always (100%) explain at least 3 contraception methods to each client that appears for FP services Actual Performance: providers explain 3 or more contraceptive methods only 33% of the time Gap: 67% of providers do not explain at least 3 contraception methods to each client that appears for FP services Cause: Lack of information in the form of clear expectations about how many methods should be explained 	<p>Must provide clear information about the MOH's expectation that all providers explain at least 3 contraception methods to each client that appears for FP services.</p>	<p>Written protocol section that specifies that providers explain at least 3 contraception methods to each client that appears for FP services.</p>	<p>After reading the protocol section, any provider who can read will be able to correctly state how many contraceptive methods should be explained to each client that appears for FP services.</p>	<p>02/15/99</p>

Specific Intervention Design Document—Examples

Requirements Section

When answering these questions with regard to a FP service supervision system, the requirements might include:

- Within 2 years, FP service supervisors competent in technical supervision will staff 100 percent of sites in Zone X
- FP counseling services should be standardized across sites in zone X
- There should be clear performance standards tied to the overall organizational FP goals and understood and agreed to by supervisors and FP service providers
- There should be a high level of FP service provider participation in supervisory sessions
- Technical guidance and feedback from supervisors to FP service providers should be targeted to teams or individual workers, as appropriate (i.e., optimally, technical guidance should occur just before new or problematic tasks are performed by workers)
- The cadre selected to be FP supervisors should be credible and acceptable to frontline FP service providers
- The supervision system should be technical and developmental (i.e., make provision for training and development), as well as administrative
- Supervision visits should occur on a regular schedule, offer timely support and take place at service providers' work site
- Operation of the supervision system should be convenient for FP service providers (should not require travel by provider)
- Incentives should feature positive feedback and timely recognition of good work
- The supervision system should cost less than \$30,000 to develop and pilot in Zone X the first 2 years of the project

Elements Section

Based on the requirements mentioned above, the supervision system might include the following elements (Mohrman, 1998):

- In-clinic, trimester team and individual performance planning sessions, including team and individual goal/target setting
- Dissemination/application of FP service guidelines and expectations
- Teambuilding activities
- Monthly performance review and yearly performance evaluation (with service provider participation in contributing to performance measures and identification of skill deficits or action shortfalls)

- Administration of team and individual rewards and incentives, including awards and recognition in proportion to team contribution to organizational goals, as well as individual contribution to team performance
- On-the-job training for performance areas requiring increased skill
- Training for new supervisors in FP service supervision

Specifications Section

For the design/development of a supervision system, design specifications might include:

- Goal and objectives of each intervention element
- Events related to the intervention itself (e.g., team and individual supervisory sessions)
- Processes (e.g., participatory, joint agreement on targets and achievement)
- Activities (e.g., OJT with skills assessment and use of FP service protocols; individual and team work planning)
- Physical materials to be produced (e.g., FP service protocols, supervisory visit calendars by district; supervisory tools, including skills assessment instruments; and booklets to record 6-month achievement of performance targets)
- Resources needed (e.g., funding for outside technical assistance and to develop and implement the supervisory activities, etc.)
- Responsibilities for development of intervention elements
- Tasks, sub-tasks and schedule of completion of supervision system materials (including pre- and field-testing)

PRIME's Performance Improvement Approach
Source Document
Stage 4—
Implementations of Interventions

Stage 4—Implementation of Interventions

Purpose

The purpose of Stage 4 (Implementation of Interventions) is to execute the intervention package designed and developed in Stage 3. In this stage, the PI leader and various Stage 1-3 colleagues create and manage the implementation team, manage the overall implementation and organizational change processes. The most important outcome of Stage 4 will be implemented interventions that are closing the performance gaps. As a result of the interventions, we should see the desired performance described in Stages 1 and 2.

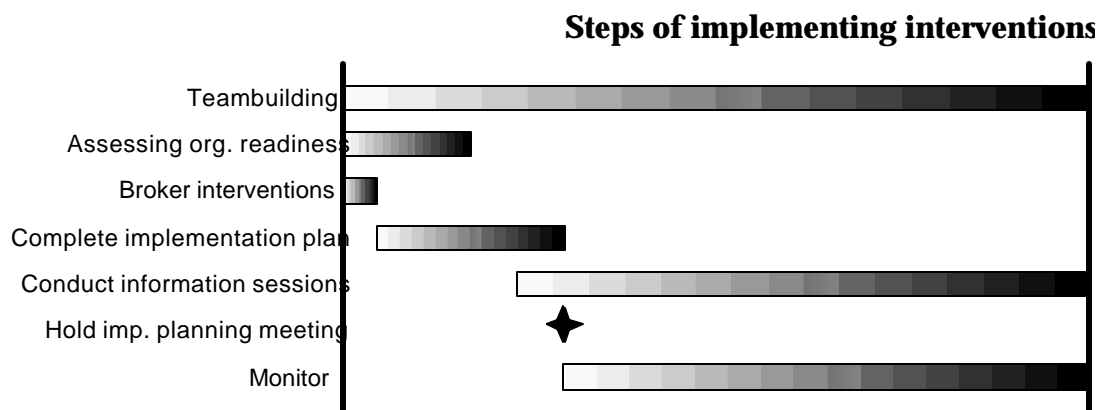
Output

The outputs of Stage 4 are

- The intervention team list
- A written record of intervention arrangements made with cooperating agencies
- An implementation plan
- The completed checklists of organizational change issues
- Interim reports on milestone achievement reflecting measures of intervention effectiveness
- Completed interventions

Steps

The steps of Stage 4 overlap considerably. Be sure to read through the explanation for each step, and to develop your own timeline for working through each step. An example of an implementation task timeline appears below.



Step 1: Build the implementation team

- **Goal:** Organize a team of all the individuals or sub-contracted organizations needed to implement the interventions that appear on the plan from Stage 3
- **Output:** A “team” roster. (An example of a team roster appears in the Stage 4 Toolkit)

At the end of Stage 3, you will have produced a tentative intervention implementation plan. The first step in Stage 4 is to reconfirm the PI team including the PI leader and client organization staff. Then the PI team identifies and contracts with the various professionals who are needed to implement the interventions. The best place to start locating these team members is with the people who helped develop the interventions. Often, the best one to implement an intervention is the person who designed it. There are, however, occasions when developers may not be the implementors. Examples include:

- An instructional designer who is not the best presenter of classroom training
- The scriptwriter who designed the training video but is not a member of the production company you want to hire to produce the video
- A USAID cooperating agency mandated with the particular technical area of logistics, asked to oversee the implementation of a sustainable contraceptive supply system designed during Stage 3

The PI leader and client organization staff will have to draw on their knowledge base of consultants, cooperating agencies and private companies to build the necessary teams. A donor organization such as a USAID mission will be of help in this regard, as they have a broad view of the talents housed in the cooperating agencies as well as local companies and organizations with a good reputation in a variety of technical areas.

Step 2: Arrange for interventions best done by another agency

- **Goal:** Have the most appropriate agency implement interventions in which PRIME lacks sufficient expertise or experience
- **Output:** A memo of understanding that specifies the intervention goals, methods, and deadlines, signed by representatives of the cooperating agency and by USAID. (An example of a memo of understanding for arranging interventions appears in the Stage 4 Toolkit)

There will be occasions when PRIME lacks sufficient expertise or experience to implement an intervention, or when an intervention clearly falls within another agency's area of expertise (e.g., Family Planning Logistics Management for logistics, Population Communication Services for mass media). In this case, it is the PI leader's job, with the help of USAID, to gain the cooperation of other organizations. In addition, the PI Leader needs to communicate clearly the methods and expected results of the intervention—especially the performance gaps, the indicators used to measure performance, and the expectations for gap closure. To make sure that all parties have the same expectations, a representative of the cooperating agency as well as a USAID representative should sign a memo of understanding that specifies all the arrangements/agreements.

Step 3: Develop a detailed implementation plan

- **Goal:** Ensure that all implementation team members know the entire implementation plan, their roles and responsibilities, the expectations for their interventions, and interim evaluation milestones

- **Output:** A detailed implementation plan that shows implementation methods, performance goals, deadlines and milestones, and interim evaluation points

Because implementation projects can become large and include many individuals and organizations with their own responsibilities, the PI team should construct an overall plan showing the entire implementation and how each individual fits in. Because PI projects are focused on performance results, it is also important to maintain clarity about the performance results expected of each intervention. This sets clear expectations for the implementation team, and shows them where and how their efforts will be evaluated. These discussions should also include a plan for gathering brochure data if it is not already available.

Step 4: Conduct an implementation planning meeting

- **Goal:** Gain 100 percent firm agreement from all members of the implementation team on deliverables, deadlines, and responsibility for specific tasks where cooperation is required
- **Output:** A finalized implementation plan document

Prior to starting the implementation of the first intervention, hold a meeting of all implementing agencies or individuals. Each implementing individual or agency will present its plan. The PI leader and implementors will together highlight intersection points. By the end of the meeting, all parties will know their own deliverables and milestones, as well as other groups' plans and milestones. Each party will be clear about who is playing what role in the process.

Step 5: Carry out informational sessions with advisory group

- **Goal:** Keep senior advisors informed of progress throughout the implementation stage, using regular, usually quarterly, meetings; resolve any obstacles to implementation; review materials and continue support of implementation team activities
- **Output:** Meetings planned, implemented and well-attended; informed and supportive stakeholders

During implementation, informed and supportive senior officials can help solve the inevitable obstacles to implementation that occur. Senior officials can also help resolve problems stemming from changes in the external environment that impede progress. Strategically coordinated involvement of senior officials also helps the dissemination of results in Stage 5 and increases the potential for application of PI in additional settings.

Step 6: Monitor the implementation

- **Goal:** Determine if the project is staying on the timeline, and achieving interim and final objectives
- **Output:** A completed monitoring form. (A monitoring form and job aid are in the Stage 4 Toolkit)

Once the implementation is underway, the role of the PI leader changes to that of monitoring and performing interim evaluations. At the milestone points in the implementation plan, the PI

leader or delegate should assess the achievement of milestone goals, provide feedback and solve problems. If deadlines slip, the PI Leader will recalculate the total project timeline, with an eye to task dependencies, and inform other implementation team members if their deadlines will change based on missed milestones.

Step 7: Monitoring organizational change

- **Goal:** Make sure the organization(s) successfully receives and participates fully in the implementation of the interventions
- **Output:** Completed organizational change checklist. (An Organizational Change Checklist Job Aid appears in the Stage 4 Toolkit)

During implementation, there are several checks the PI leader and the client partner should make to ensure that the organization is successfully integrating the changes occurring as part of the implementation process. Even the best interventions will be unsuccessful if you have not assured that an item such as management support remains strong. The PI leader and team may need to take action if any problems are detected in this area.

Detailed Explanation

In the fourth stage of PRIME's PIA, we manage the implementation of interventions and facilitate any organizational change that occurs as part of the implementation process. This stage includes:

- Teambuilding
- Initiating implementation
- Completing implementation plan
- Monitoring the implementation of interventions
- Monitoring organizational change

Teambuilding

The PI implementation team will often consist of:

- A PI leader who helps the team accomplish the 8 implementation steps
- Staff from the client organization, represented by a project coordinator who has been approved by the organization's leadership, has credibility in the wider client organization and works closely with the PI leader
- Technical or intervention specialists. These experts might be from the client organization, other cooperating agencies, consultants or sub-contractors from for-profit companies
- Representatives from stakeholder groups. Those impacted by the interventions such as service providers, managers, even client-community members will also play key roles during implementation

Advisory Group. The PI implementation team should periodically seek input and support from a group of advisors. These are senior members of the stakeholder organizations, including community leaders and donors. For example, in the Burkina Faso PI-CBD project, a district-level PI implementation team was advised periodically by a steering committee made up of managers from the regional and central levels of the Ministry of Health. The PI leader is key in facilitating the relationship between the advisory group and the implementation team.

The PI leader and project coordinator assist teambuilding and coordinate the implementation process by facilitating the following types of activities:

- **Regular planning and coordination meetings** with the implementation team including activities such as:
 - Clarification of team member roles and responsibilities including who is responsible for delivering what (making initial agreements and readjusting relationships throughout the team's life)
 - Discussion of the work plan and the kinds of changes to be introduced by the project
 - Decision-making processes

- Communication channels
- Problem solving when the inevitable obstacles to implementation occur
- **Periodic advisory group meetings** to discuss project inputs and outputs as well as various factors affecting implementation, described in Step 5

Monitoring Implementation

At this point, the PI implementation team should turn its attention to the monitoring of the implementation process. Keep in mind the following guidelines:

- Continually monitor inputs from project partners to ensure delivery when needed
- Continue teambuilding or maintenance activities to check roles and responsibilities and to encourage cooperation and support among team members
- During team meetings, regularly refer to the larger aims of the PI project, the specific performance objectives or desired results, the current activities and positive results

There are questions the PI implementation team should ask (in addition to the “Managing Organizational Change” checklist) during the implementation stage as a way of checking various dimensions of implementation. The following questions can be integrated into monitoring activities:

- To what extent are project milestones met on time and according to the agreed upon implementation plan?
- Are project funds used efficiently and effectively?
- How well has the implementation team managed the implementation and change processes? How effective have they been in dealing with resistance or changing levels of leadership support?
- Have teambuilding activities been integrated into project implementation? How are changes in team performance tracked?
- To what extent are interim target group performance objectives (if any) met with requisite quality and what changes should be made?

Implementation Assessment Methods

- Review PI project objectives and progress and compare them with costs and schedule at periodic meetings of PI implementation team
- Interview PI project clients and stakeholders to elicit opinions about project impact and progress
- Interview or observe sample performers to assess use of interventions (if/how), workplace support for use, use-effectiveness of intervention tools (if any)

- Gather records (reports, work samples, action plans) to assess achievement of interim deliverables

Monitoring Organizational Change

In the PI process, interventions, such as simple decisions or policy changes, can occur at any stage, even during Stage 1. In PIA, an “intervention” is defined as “facilitation of an innovation in an organizational setting” (Dormant, 1992). From Stage 1, the PI leader (and PI team) are change agents, anticipating the factors that affect implementation, mobilizing resources, coordinating implementation and monitoring activities.

The Implementation Plan Job Aid can also be used during planning and coordination meetings to uncover obstacles. Besides the external environment and capacity issues, leadership support and resistance to change could present particular challenges to the PI implementation team.

Leadership Support

Successful implementation depends on the support and input of the formal and informal leadership at various levels of the client organization. Leadership support is a crucial ingredient for successful implementation. Formal leaders are persons who can sponsor the intervention, advocate for human and financial resources, and help legitimize whatever changes are proposed.

The informal leaders are credible to intervention target groups because of achievements, commitment, or other personal characteristics.

The PI implementation team should be especially concerned if a high-level sponsor such as the Director of Family Planning assigns the PI activity to someone who is unavailable or who may not have the authority to sustain and support the intervention through all stages of adoption. Successful implementation also depends on the awareness and support of mid- and lower-level managers who have a direct relationship with the primary target group (e.g., district medical officers and managers of the clinic in which frontline workers are targeted for intervention).

Possible Strategies

- The PI implementation team should develop a plan that includes actions to identify formal and informal leadership, and to gain support of a high-level sponsor as well as upper and mid-level management
- Ensure that the Advisory Group includes senior officials that meet the criteria described above
- Convene the Advisory Group in an attractive, pleasant environment
- Communicate regularly to the leadership about the aims of the PI project, the current activities or positive results, inviting participation of influential opinion leaders when possible. Use the regular meetings and print materials to keep senior staff (plus other stakeholders) updated and involved

- Continue to articulate the positive changes the interventions bring about, and be prepared to deal with any unintended negative
- Respond to a leader’s request (if possible) even if it is not directly related to closing a gap (e.g., publish a brochure about a new RH unit)
- Reinforce how the PI activities benefit the leaders’ priorities
- Enlist formal leadership participation in sponsoring innovations (e.g., asking the MOH to send out a circular announcing the dates of important activities, making announcements about key high-level meetings)
- Ask opinion leaders to communicate about the PI project to managers at various levels or to demonstrate a new approach to peers
- If appropriate, arrange for publicity for the Advisory Group meeting and recognition for the members. Arrange opportunities for Advisory Group members to receive publicity highlighting their involvement in the PI activities

Resistance to Change, Particularly within the Target Group

People will resist the interventions if they do not know about the change, if they perceive loss or inconvenience, or do not think the change is important. It is important to manage the “people side” of organizational change. Involving the target audience in the process is another important aspect of successful implementation: recall the suggestion to involve representatives from the target group in pre-testing some of the interventions during the design phase. In this stage, members of the target group can help uncover obstacles to successful implementation and help ensure that a tool or system works well.

Possible Strategies

- Depending on the type of intervention, you may need to find ways to communicate to the target group what will and will not change as a result of the PI interventions. It is important to allow people time to disengage from and deal with the loss of the present state
- Meet with target group representatives (or resistant groups) to probe for concerns; inform, demonstrate and support efforts to use the innovation; diffuse possible negative repercussions by bringing up weaknesses, and increase perceptions of the value of the innovation by pointing out advantages
- Include representatives from the intended audience in the implementation team
- Since resistance may occur even if change is seen as positive, the PI implementation team should be on the lookout for this potential barrier and respond with any of the strategies to move people towards adoption and use
- Identify target group members who are credible, quick adopters and involve them in demonstrations of the intervention

- Look for evidence of negative reactions or non-use of interventions on the part of the target groups. Listen to negative opinions of slow adopters or resisters as they may provide advance warning of implementation problems
- Use the “Managing Change” checklist regularly. Create and act upon plans to address factors affecting implementation
- Communicate the intervention’s value as:
 - Better than the existing way of operating
 - Simple (easy to learn, use or understand)
 - Reasonably compatible with the existing work situation
 - Low impact on relationships that are currently valued as positive
 - Offering better results that are valued by the organization, the target group and/or the recipients of the organizations services (e.g., FP clients)
- Acknowledge weaknesses, highlight advantages, and offer support and guidance to those who may need to adjust to a (socially) disruptive intervention
- For interventions with a weak relative advantage (in comparison with other methods of intervening), emphasize strengths, point out aspects that provide quick or high payoffs, offset obvious negatives by bringing them up yourself, bring in enthusiastic members of the target group, or appeal to team spirit or a greater good
- Relate the new intervention to the current situation

Stage 4 Toolkit

Contents

- Team Roster—Template
- Intervention Memo of Understanding—Example
- Monitoring Change Checklist—Job Aid

Implementation Team Roster Template

[illegible]

Implementation Team Roster Template

[illegible]

Intervention Memo of Understanding—Example

[This example assumes no money is involved in the activity.]

To: [CA Representative name, Cooperating Agency name]
 From: [Appropriate representative of the PRIME project]
 Date: [Date]
 Re: [Name of intervention, name of project]
 cc: [USAID representative]

We are happy to have your talents added to the [project name] project. Your expertise will undoubtedly promote the project's overall success that is so important to [client organization name]. To ensure that we are all in agreement about deliverables and timelines, this document summarizes the outcomes of our [meetings/phone calls] of the past few [days/weeks/months].

Performance Gaps

The intervention your organization will implement was selected and designed specifically to close a performance gap found during the performance needs assessment:

- [Desired performance]
- [Actual performance]
- [Gap]

To the extent that the intervention changes the performance from the current level to the desired level, the intervention will be considered successful.

Inputs

In order to complete your part of the project, you will receive the following inputs, by the date(s) indicated:

Item	Date
[List all informational and material inputs that will be provided to the CA, including written materials, objectives, project plans, background information, others?] An example appears below.	
Examples: <ul style="list-style-type: none"> • Results from the baseline survey of customer satisfaction at the 7 clinics in the state of Guadalajara • The performance needs assessment report 	

Deliverables

So that your intervention will coordinate with other groups contributing to the intervention, we expect that the following items will be delivered, on the date(s) indicated.

Deliverable	Date Due
-------------	----------

[List, in detail, each deliverable expected of the CA. Where possible, list how the intervention will be judged.] Examples appear below.	
Example: A logistics plan that allows indigenous systems of medicine (ISM) practitioners to access FP supplies through their regular channels, so that no ISM practitioner experiences stockout conditions due to supply chain problems.	All regular channels have stock by 7/15/99.
Example: A written procedure for FP supply wholesalers to follow in order to assure FP supplies get to ISM medicine distribution points.	Procedure in offices of wholesalers by 7/5/99.

We agree to provide the deliverables specified above on the dates noted.

Signature

Name of Organization

Title

Date

Monitoring Change Checklist¾ Job Aid

What follows is a checklist for use during implementation to assess a variety of factors affecting successful implementation. Indicators, which are intended to help you decide whether you would answer yes or no to each question, follow the questions.

1. Is the leadership currently supportive?

- ✓ Leaders holding formal top-level positions (e.g., director, supervisor) provide public verbal support for implementation and continue to allocate appropriate resources (e.g., people, money) to the implementation
- ✓ Any necessary steering committees or other such mechanisms have been established and are meeting
- ✓ Informal leaders have been involved in previous stages and/or are influencing key formal leaders to support interventions

2. Do the target groups (usually providers) accept and use the interventions?

- ✓ The PNA data included provider data, and accurately reflects the situations users face as they try to achieve desired performance
- ✓ Providers have been genuinely involved during the intervention design stage
- ✓ The interventions have been pre-tested
- ✓ The interventions either do not represent much of a change from the normal organizational culture (the way work gets done), or plans have been made to support organizational change at the provider level

3. Are there any external conditions that may affect implementation?

- ✓ Plans exist for external conditions that could affect implementation (e.g., an upcoming election, a new policy, decentralization efforts)

4. Are the resources needed for implementation in place?

- ✓ The intervention activities match resource levels (e.g., human, time and financial resources are available and realistic)
- ✓ Resources are being made available as planned

5. Has the capacity to implement the interventions been proven to exist? If not, is there a strategy in place to develop the capacity; what happens now?

- ✓ There is evidence that the capacity to implement the interventions exists: there are adequate numbers of staff with the right skills, resources, systems and procedures in place; materials are prepared, etc.

- ✓ The work plan deadlines are being met. Clarity exists regarding who is responsible for doing what ...or...
- ✓ The client and/or stakeholder organizations and the PI leader/team have implemented a plan for building capacity to implement and sustain the results of interventions

PRIME's Performance Improvement Approach
Source Document
Stage 5—
Evaluation

Stage 5—Evaluation

Purpose

The purpose of the evaluation stage in a performance improvement project is to assess the effects of PI project interventions on provide/performance and judge whether it “narrowed” the performance gap and to what extent. Additionally, the evaluation may also examine organizational performance, or the capacity of an institution to support provider performance.

The evaluation stage is the culmination of a series of evaluative exercises conducted at every stage in the life of the project. For example, the end-of-project evaluation is based on foundations laid during Stage 2 (Performance Needs Assessment) and fed by assessments conducted during Stage 3 (Design and Development) and Stage 4 (Implementation).

Output

The outputs of Stage 5 are:

- The results data
- The evaluation report

Steps

Step 1: Design an Evaluation Plan

- **Goal:** To clarify the objectives and expected results of the intervention(s) in order to define the evaluation questions, indicators and data collection plan
- **Output:** A detailed PI Evaluation Plan (by the end of the PNA stage - see Stage 2)

At the GPA and PNA stages important baseline data will be collected for the PI project. At the end of the PNA stage, the project objectives will be set to define the outcomes of the intervention(s). It is at this stage that an Evaluation Plan is formulated. The plan identifies the purpose, users, resources and timelines of the evaluation; selects the key evaluation questions and indicators and the best design to measure intended results; sequences evaluation activities (such as complementing baseline documentation, conducting participant follow-ups, materials pre-tests, project reviews and special studies); prepares data collection and data analysis plans; plans for communication, dissemination and use of evaluation results; and identifies the technical competencies needed on the evaluation team(s). (See “Evaluation Designs” and “Sample PI Monitoring and Evaluation Plan”)

Step 2: Conduct data collection, analysis and interpretation¹

- **Goal:** To have information that describes the change in performance and the extent to which the performance gaps have been closed
- **Output:** Data summary tables, graphs and descriptions

This step includes: developing or adapting instruments that reflect evaluation objectives; gathering and organizing data in a systematic way to reduce sources of bias and increase validity; discerning patterns, trends and comparisons from qualitative and quantitative data; involving client and stakeholders in interpreting data, and employing standards to arrive at conclusions. (See “Illustrative Set of Instruments”). For the evaluation of effects, the evaluation team will usually conduct a similar data gathering exercise as in the PNA. The consistency of tools and indicators will help contrast the levels of performance before and after the intervention(s) and conclude whether there were demonstrable changes. Changes in the intervention group will be compared with changes (if any) in the control group (if such design was used) to arrive at net effects (i.e., changes in the intervention group minus changes in the control group, over a similar period of time).

Step 3: Write a report and communicate evaluation results

- **Goal:** To document the results of the evaluation in order to assist communication and dissemination of such results
- **Outputs:** A completed evaluation report with well-illustrated findings (i.e., text supported by summary tables and graphs), logical conclusions and recommended actions based on implications or conclusions; and several dissemination initiatives using oral and written means

This step includes: writing a report describing the methodology, findings and conclusions; selecting appropriate graphics to communicate summary findings (see “Using Tables and Graphs”); and formulating recommendations based on conclusions, and in consultation with the client. The report should present the findings so that the audience can clearly see a) the change in performance and b) that the change can be attributed (at least partially²) to the intervention(s). If the evaluation design warrants it, the report should also present the effects (if any) of no interventions or alternative interventions in control areas and discuss differences with the “case” area.

The dissemination of evaluation results is no less important than the results per se. The ultimate goal of evaluation is the use of results to: a) demonstrate the validity of a new approach (i.e., “what works”); and b) identify areas to be strengthened in future project designs (i.e., “what didn’t work and what to do different next time”).

¹ The description will focus on the effects evaluation, in the assumption that data collection for earlier stages have been covered in their corresponding stages.

² Increasingly there may be more than one intervention occurring in a specified area, so that the evaluation may need to sort out the relative weight of each intervention to the overall changes measured.

Detailed Explanation

As explained, evaluation activities are pertinent to each stage of the project cycle (See earlier stages for illustrative questions). In this stage, however, we concentrate on the evaluation of effects. Thus, the evaluation stage of a PI project should fundamentally answer key questions posed during stages 1 and 2. During the GPA, the PI leader works with clients and stakeholders to identify organizational goals and performance needs in the relevant organization. At the PNA stage, specific provider or organizational performance gaps are identified, which if closed, would contribute to the organizational goal. . For example, if the initial problem identified during the GPA and documented during the PNA was high contraceptive discontinuation linked to poor CPI, the evaluation of PI project effects would measure the extent to which a) provider performance in counseling and client interaction had improved; and b) whether contraceptive discontinuation decreased as a result of improved provider performance.

It should be stressed that final evaluation results should be expressed using the same indicators developed during the PNA. This is the foundation, built at the time of the GPA and PNA, that will make later evaluation of results easier and more straightforward.. In summary, the core of PI project evaluation should measure the extent to which PI interventions closed performance gaps and whether the entire process supported organizational goals.

Standard project evaluation practice also recommends that evaluation efforts be carried out at other points in the life of the project. These other evaluative efforts will, for example, ensure that the right type of interventions are designed, that interventions and tools are adequately tested and validated, and that interventions are carried out effectively in the planned timeframe (see Monitoring, below). Such integrated application of evaluation requires a “systematic” view and model, which are presented below.

The PRIME Systems Evaluation Model

The PRIME monitoring and evaluation strategy is based on a classical “systems” model of “inputs-throughputs-outputs” that takes into account a time sequence in which interventions take place. This model can be applied at differing levels, from the workforce, organizational, to extra-organizational levels (e.g., sectoral, community or societal level). An underlying assumption of this model is that inputs and processes lead to outcomes of progressively higher order (i.e., from localized and immediate outputs to broader and longer-term effects and impact)

The PRIME Systems Evaluation Model is visualized as follows:

BASELINE/NEEDS ⇒ INPUTS ⇒ PROCESSES ⇒ OUTPUTS ⇒ EFFECTS ⇒ IMPACT

The following definitions and evaluation examples will clarify each element of focus in the PRIME Systems Evaluation Model:

Needs: The gaps between current and desired results at the micro-, macro- or mega-level (i.e., the workforce, organizational and external client/sectoral/societal levels, respectively; see Stages 1 and 2).

***Example:** Service providers should counsel at least 90 percent of eligible clients who arrive at the clinic. A baseline assessment finds out that currently service providers only counsel 15 percent of eligible clients and although most providers are trained, they have unclear job expectations regarding this area. Thus, there is the need to ensure clear job expectations among providers regarding counseling and to increase counseling 5-fold by the end of the specified period.*

Inputs: Resources such as people, money, materials and time (see Stage 3).

***Example:** A team of three PRIME staff members and a consultant, over 1 month, using a project budget of \$75,000, will help the client organization develop clear job expectations for primary care providers, as well as job aids to help communicate those expectations. A review of cost-benefit analyses from similar interventions find that the resources allocated should be sufficient.*

Processes: Methods, means, activities, and procedures and the overall implementation of the project.

***Example:** The introduction of job aids to targeted providers and support in their use is carried out. Job aids are pre-tested appropriately and found acceptable among providers. Monitoring indicates that the job aids are being distributed in the time planned and used by more than 65 percent of providers.*

Outputs: The outputs of a PI process are both the interventions that will be implemented (see Stage 4) and the immediate changes resulting from the interventions.

***Example 1:** A total of 13,500 job aids (nearly 1 for each of the 15,000 providers) have been produced and distributed and a provider feedback system that posts customer satisfaction scores has been put in place.*

***Example 2:** As a result of discussing monthly client satisfaction scores, providers improve interpersonal communications skills.*

Effects: The effect of the interventions on the performance gaps described in the PNA, at the workforce or organizational level.

***Example:** As a result of the application of the job aids and feedback system, provider compliance with the CPI norms increased from 47 percent to 84 percent and overall counseling of eligible clients rose to 80 percent. This represents a 5.3 increase from baseline and an 89 percent accomplishment of the project objective.*

Impact: Longer-term results/outcomes of the intervention on the clients and the society.

Example: *Discontinuation in the use of family planning methods dropped from 45 percent to 30 percent (i.e., discontinuation decreased by a third) in the intervention population.*

Monitoring and Evaluation

While it is not easy to distinguish between the functions of monitoring and evaluation in PI projects, the following general distinctions can be made:

Monitoring assesses the extent to which a project is operating in conformity with its design; and if it is reaching its target population (Rossi and Freeman, 1987). Project monitoring efforts may assess the extent to which inputs are being deployed and used; the process by which inputs are being used, and the timing of their use in accordance with what was planned; and the direct project outputs. Monitoring has been likened to taking the pulse of the project to see if resources are in place and if implementation is on track.

Evaluation in a PI project are discrete activities where there is systematic and structured data collection, analysis and interpretation in order to ascertain the status of several aspects of a program or project. Project evaluation efforts focus on needs, effects and impacts and is central to Stages 1, 2 and 5 of the PI project cycle. Examples of evaluation activities are needs assessments, participant follow-ups, mid-term evaluation, operations research and population-based surveys.³

Evaluation of results is a USAID and PRIME priority. In PRIME PI project terms, this translates mainly as the evaluation of PI project effects, which may often correspond to USAID's intermediate results. Evaluation of PI project effects should be linked to the evaluation of PI project impact, which corresponds to USAID's strategic objectives.

The central questions in results evaluations include (Veney and Kaluzny, 1991):

- Did the project meet its objectives? (i.e., Was the PI project effective?);
- Did the project have a (desired) long-term outcome? (i.e., Did the PI project make an impact?)
- Do the verifiable project results justify the cost? (i.e., Was the PI project efficient?)

PRIME PI project evaluation will always at least answer the first of these questions—did the project meet its objectives and close the performance gaps? However, evaluation of project impacts and efficiency may strengthen the case for the PI intervention and should be undertaken in collaboration with specialty projects (e.g., MEASURE or FRONTIERS).

Important Process Steps and Relationships in the Evaluation of Effects

As stated before, evaluation of effects typically measures the extent to which PI interventions closed identified provider or organizational performance gaps. The following process steps and relationships are key in the evaluation of results:

³ Exceptions to these general distinctions include the pre-testing of materials, or the field-testing of strategies, since in these activities, inputs are being evaluated.

- During the GPA, desired results are initially identified (whether they are formulated as improved RH provider performance, increased organizational capacity or other desired, higher order consequences)
- During the PNA, the desired and actual performance are expressed in measurable indicators. This step is vital for evaluation, as final data will be expressed using these same indicators
- (By the end of the PNA): Needs are placed in priority order, with the most important “gaps in results” being selected for closure (Note: Each priority need has been analyzed to find causes and possible ways to address the origins of the need). It is also possible that desired results may be refined as a result of the PNA process
- PI project objectives are formulated in terms of meeting performance needs, with interventions selected based on the likelihood of their meeting those needs within specified cost and time parameters
- The pre-project status of these PI needs are formally documented using PNA data, though in cases where the client wants to document longer-term or higher order results (e.g., service utilization), it may be necessary to conduct supplemental data gathering activities to complete baseline documentation. This step is vital for integrated evaluation. Later evaluation data-gathering activities will revisit indicators established during the PNA and baseline data collection
- (At or by the end of the PI project): Post-intervention or end-of-project data collection takes place. Data are analyzed, interpreted and compared to the baseline and to standards to determine whether the PI project goal was actually achieved. In other words, evaluation activities in this phase determine whether PI project interventions effectively closed the gap between desired and actual performance

Evaluation Designs

Members of a PI project evaluation team should choose design strategies that answer key evaluation questions in a credible way within the time and resources available. The key question traditionally asked has been: “Did the (new) intervention achieve the desired result?” However, with the constant appearance of new technologies and approaches, an additional question is now being asked: “Is the (new) intervention better than the other(s)?” (both in terms of effectiveness and of cost). More rigorous evaluation designs are thus becoming state-of-the-art as decision-makers want evidence of the effectiveness or impact of PRIME projects or if they want to test new approaches in pilot zones before using them on a larger scale. There are many types of evaluation designs but what is central to them is that changes in an intervention area (i.e., where interventions such as feedback, incentives or training have taken place) have to be attributable to such interventions. The “net” or extra effect of the intervention over any other contextual effects in the area is what constitutes the effectiveness of such intervention.

Stage 5 Toolkit

Contents

- Sample PI Monitoring and Evaluation Plan

Sample PI Monitoring and Evaluation Plan

A monitoring and evaluation plan will be appended to the PI project proposal once the PNA is finalized and interventions are selected and sequenced. The following is a sample monitoring and evaluation plan for a PI project aimed at improving provider performance through selection, training and supervision.

I. Key Evaluation Questions

Baseline Context: What is the contraceptive discontinuation rate in the area? (as a proxy to insufficient quality of services provided) What is the community context in which the PI project will operate?

Needs: What is the difference between desired and actual provider performance? What changes in provider and organizational performance are needed to increase service access and quality?

Inputs: Have correct, sufficient and appropriate PI interventions been designed? Are there sufficient human and financial resources and leadership support to design and implement them?

Processes/Implementation: How well is the PI project proceeding: are all inputs, processes and outputs on track and are milestones being met? What is the quality of training and supervision processes being implemented? To what extent are key stakeholders providing support and involvement needed to achieve results?

Outputs: Have service providers learned as a result of training? Have supervisory visits and work environment improvements taken place?

Effects: To what extent did the indicators showing the difference between desired and actual performance change as a result of the interventions we implemented? To what extent has worker performance improved? Do service providers apply skills and knowledge to solve problems and improve service delivery as a result of project interventions? To what extent do selection, training and supervisory systems operate as desired?

Impacts: To what extent have desired strategic results been achieved? How satisfied are clients with performance improvements? Are there changes in the contraceptive continuation rates? How sustainable is the PI process?

II. Evaluation Workplan

Focus/ Objective	Indicators (Illustrative)	Methodology/ Instruments	When	Person(s) Responsible/ Involved
Baseline Context				
To assess the community context and FP/RH behavior in the project area and how it supports or hinders delivery of community-level FP/RH services	<ul style="list-style-type: none"> Yearly contraceptive discontinuation rates Existence of trained TBAs and Community Health Workers (CHWs) Community leaders' opinions about desired quality and responsiveness of health services and providers 	1. DHS/Special studies 2. Assessment 3. Interviews with members - leaders during PNA	Before project interventions are selected and sequenced	PNA team with local service providers
Needs				
To identify desired and actual service provider performance related to FP/RH service delivery; gaps between desired and actual performance; and causes of these performance gaps.	Provider performance baseline: <ul style="list-style-type: none"> percent of eligible clients counseled FP/RH counseling and referral according to standards set by MOH (e.g., the provider establishes rapport with client; delivers appropriate and sufficient information; listens and treats client with respect; etc.) Number of FP/RH clients who indicate satisfaction with FP/RH services 	Interviews with providers during PNA Observation of providers Client exit interviews	Before project interventions are selected and sequenced	PNA team
To identify desired and actual organizational performance related to RH service support; gaps between desired and actual performance and causes of these performance gaps.	Organizational performance: <ul style="list-style-type: none"> Selection of trainees according to service coverage needs, work specifications and inputs from the community Off-site FP/RH training of no more than 5 days duration Monthly OJT and supportive supervision offered 	Program records		PNA team

Focus/ Objective	Indicators (Illustrative)	Methodology/ Instruments	When	Person(s) Responsible/ Involved
Inputs				
To assess the extent to which resources are adequate to design, implement and evaluate selection, training and supervision/job aids systems for the 2 years of the pilot project	<p>General: 30% funding from the MOH, 20% funding from WB and 50% funding from the mission</p> <p>Selection system:</p> <ul style="list-style-type: none"> List of service delivery sites Job descriptions Selection criteria developed in consultation with community <p>Training system:</p> <ul style="list-style-type: none"> Number of trainers/preceptors Number and locale of training and practicum sites Types/number of training supplies Number and appropriateness of RH service curricula and materials <p>Supervision system:</p> <ul style="list-style-type: none"> User-friendly supervisory protocols Number of supervision visits per quarter Number job aids required Mopeds for supervisor worksite visits 	<p>Program records</p> <p>MOU</p> <p>Interviews</p> <p>Expert/user review</p> <p>Interviews</p>	<p>Before curricula-materials are finalized and copied</p>	Project coordinator (with assistance from PI leader and other members of the implementation team)
Processes				
To assess the quality of training	<ul style="list-style-type: none"> Trainees selected according to selection criteria Perceived trainer effectiveness, breadth and experience of trainers Duration, frequency of practicum sessions, logistics and organization of workshop, use of adult teaching methodologies, appropriateness of materials Adequacy of venue (e.g., sufficient space for practica) 	<p>Document reviews</p> <p>Participant reaction forms</p>	At the time of training	Training team (with PI Leader and project coordinator)

Focus/ Objective	Indicators (Illustrative)	Methodology/ Instruments	When	Person(s) Responsible/ Involved
Processes (continued)				
To assess the quality of supervision	<ul style="list-style-type: none"> Number of supervisory visits in a given time period Perceived effectiveness of supervision 	Project records & interviews with providers	6-8 months after training	Project coordinator & PI team
To assess project implementation (timing or quality of deployment/use of inputs)	<ul style="list-style-type: none"> Training activities completed according to implementation plan Supervision protocols distributed to supervisors 1 month before training begins Supervision activities occur according to schedule (i.e., on a monthly basis) Job aids are pre-tested and distributed to $\geq 70\%$ of providers Leadership (stakeholders') support and involvement 	<p>Document review (curricula, protocols, project implementation plans)</p> <p>Interviews during project review</p>	Prior to implementation target dates and/or on a yearly basis	Project coordinator (with assistance from PI leader and other members of the implementation team)
Outputs				
To assess immediate outcomes of training and non-training activities	<ul style="list-style-type: none"> Number of professional and non-professional providers who achieve cut-off score for FP/RH knowledge and skills Number and percent of supervisory visits per supervisor in relation to plan Percent of job aids distributed that are used by providers Percent increase in providers' interpersonal communication skills 	<ul style="list-style-type: none"> Comparison of scores to cut-off points Comparison of actual with planned visits On-site assessments Observations 	End of training & 6-8 months after providers return from training	Training team & Project coordinator
Effects				
<p>Provider Performance</p> <p>To evaluate the extent to which provider performance has improved, and performance gap has been closed, as a result of project interventions</p>	<ul style="list-style-type: none"> Percent of eligible clients counseled Provider compliance with CPI norms according to job aids and standards set by MOH Number of obstetrical emergencies referred/attended Number of FP/RH clients who indicate satisfaction with FP/RH services 	<ul style="list-style-type: none"> Interviews with providers Observation Record review Exit interviews 	Follow up 6-8 months after providers have received training and supervision	Local consultant or supervisors (with selected members of PI project implementation team)

Focus/ Objective	Indicators (Illustrative)	Methodology/ Instruments	When	Person(s) Responsible/ Involved
Effects (continued)				
Organizational Performance Evaluate the extent to which organization uses training and supportive system to deploy “the right person for the right job” and ensure learning and conducive job environment	<ul style="list-style-type: none"> Number of persons trained who met selection criteria (education, years at work, profession/ occupation, worksite, etc) Number of service delivery points with at least 2 trained/refreshed providers Percent of providers that have received ≥ 2 supportive supervision visits in last year Percent of SDPs with job descriptions, job aids & performance feedback for their personnel 	Program records Interviews Biodata forms	At start and end of project (comparative)	PI implementation team (with trainers and supervisors)
Impact				
To evaluate increase in service utilization and expansion	<ul style="list-style-type: none"> Number of new and continuing users of FP by method 	Service statistics and special studies	At start & semi-annually	Project coordinator
To evaluate increased sustainability of performance support systems (selection, training and supervision)	<ul style="list-style-type: none"> Clients and community leaders’ feedback is built into the performance system Institution’s long term strategic plan incorporates performance support systems Yearly budgets are assigned to the systems 	In-depth interviews to leaders Institutional reviews Travel logs/records	At start and end of project (comparative)	Project coordinator or hired consultant

Suggested Reading

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